	JOHNSON MEMORIAL	HOSPITAL					
	TWELVE MONTHS ACTU						
	FISCAL YEAR						
	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3) FY 2011	(4) FY 2012	(5) AMOUNT	(6) %		
LINE	<u>DESCRIPTION</u>	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE		
I.	<u>ASSETS</u>						
Α.	Current Assets:						
1	Cash and Cash Equivalents	\$884,888	\$787,925	(\$96,963)	-11%		
2	Short Term Investments	\$0	\$0	\$0	0%		
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$7,216,452	\$8,023,775	\$807,323	11%		
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%		
5	Due From Affiliates	\$0	\$0	\$0	0%		
6	Due From Third Party Payers	\$0	\$0	\$0	0%		
7	Inventories of Supplies	\$1,216,495	\$1,254,591	\$38,096	3%		
8	Prepaid Expenses	\$901,401	\$759,969	(\$141,432)	-16%		
9	Other Current Assets	\$1,412,421	\$193,008	(\$1,219,413)	-86%		
	Total Current Assets	\$11,631,657	\$11,019,268	(\$612,389)	-5%		
В.	Noncurrent Assets Whose Use is Limited:						
1	Held by Trustee	\$3,165,722	\$3,616,492	\$450,770	14%		
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%		
3	Funds Held in Escrow	\$517,407	\$363,097	(\$154,310)	-30%		
4	Other Noncurrent Assets Whose Use is Limited	\$843,587	\$843,587	\$0	0%		
	Total Noncurrent Assets Whose Use is Limited:	\$4,526,716	\$4,823,176	\$296,460	7%		
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%		
6	Long Term Investments	\$2,856,651	\$3,106,905	\$250,254	9%		
7	Other Noncurrent Assets	\$3,005,255	\$4,660,539	\$1,655,284	55%		
C.	Net Fixed Assets:						
1	Property, Plant and Equipment	\$58,550,234	\$58,629,232	\$78,998	0%		
2	Less: Accumulated Depreciation	\$37,256,964	\$39,198,224	\$1,941,260	5%		
	Property, Plant and Equipment, Net	\$21,293,270	\$19,431,008	(\$1,862,262)	-9%		
3	Construction in Progress	\$0	\$0	\$0	0%		
	Total Net Fixed Assets	\$21,293,270	\$19,431,008	(\$1,862,262)	-9%		
	Total Assets	\$43,313,549	\$43,040,896	(\$272,653)	-1%		

	JOHNSON MEM	ORIAL HOSPITAL					
	TWELVE MONTH	S ACTUAL FILING					
	FISCAL	YEAR 2012					
	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3) FY 2011	(4) FY 2012	(5) AMOUNT	(6) %		
LINE	<u>DESCRIPTION</u>	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE		
II.	LIABILITIES AND NET ASSETS						
A.	Current Liabilities:						
A. 1	Accounts Payable and Accrued Expenses	\$3,758,201	\$3,182,062	(\$576,139)	-15%		
2	Salaries, Wages and Payroll Taxes	\$1,770,107	\$2,014,282	\$244,175	14%		
3	Due To Third Party Payers	\$1,770,107	\$1,272,580	\$6,276	0%		
4	Due To Affiliates	\$1,200,304	\$1,272,380	\$0,270	0%		
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%		
6	Current Portion of Notes Payable	\$342,500	\$342,500	\$0	0%		
7	Other Current Liabilities	\$5,111,316	\$4,780,624	(\$330,692)	-6%		
	Total Current Liabilities	\$12,248,428	\$11,592,048	(\$656,380)	-5%		
		, , , ,	, , , , , , , , , , , , , , , , , , ,	(4 = = = , = = = ,			
В.	Long Term Debt:						
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%		
2	Notes Payable (Net of Current Portion)	\$12,158,750	\$11,816,250	(\$342,500)	-3%		
	Total Long Term Debt	\$12,158,750	\$11,816,250	(\$342,500)	-3%		
3	Accrued Pension Liability	\$0	\$0	\$0	0%		
4	Other Long Term Liabilities	\$10,216,358	\$9,948,000	(\$268,358)	-3%		
-	Total Long Term Liabilities	\$22,375,108	\$21,764,250	(\$610,858)	-3%		
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	\$4,359,087	\$4,961,873	\$602,786	14%		
2	Temporarily Restricted Net Assets	\$321,617	\$262,646	(\$58,971)	-18%		
3	Permanently Restricted Net Assets	\$4,009,309	\$4,460,079	\$450,770	11%		
	Total Net Assets	\$8,690,013	\$9,684,598	\$994,585	11%		
	Total Liabilities and Net Assets	\$43,313,549	\$43,040,896	(\$272,653)	-1%		
		Ţ 12,213,313	, ,,,,,,,,,,,	(+=: 2,000)	1 70		

	TWELVE MONTI	MORIAL HOSPITAL HS ACTUAL FILING			
		IO AO I OAL I ILIIIO			
		L YEAR 2012			
	REPORT 150 - HOSPITAL STATEM		IS INFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α. <u>(</u>	Operating Revenue:				
1	Total Gross Patient Revenue	\$148,782,545	\$152,679,640	\$3,897,095	3%
2 I	Less: Allowances	\$88,817,303	\$87,168,113	(\$1,649,190)	-2%
3 I	Less: Charity Care	\$465,816	\$193,108	(\$272,708)	-59%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$59,499,426	\$65,318,419	\$5,818,993	10%
5 (Other Operating Revenue	\$589,869	\$257,382	(\$332,487)	-56%
6 I	Net Assets Released from Restrictions	\$33,994	\$25,552	(\$8,442)	-25%
	Total Operating Revenue	\$60,123,289	\$65,601,353	\$5,478,064	9%
В. (Operating Expenses:				
	Salaries and Wages	\$26,208,815	\$27,169,378	\$960,563	4%
	Fringe Benefits	\$6,820,412	\$6,788,404	(\$32,008)	0%
	Physicians Fees	\$485,260	\$961,569	\$476,309	98%
	Supplies and Drugs	\$6,448,817	\$6,460,003	\$11,186	0%
	Depreciation and Amortization	\$3,243,262	\$3,178,071	(\$65,191)	-2%
	Bad Debts	\$1,928,135	\$3,564,251	\$1,636,116	85%
	Interest	\$1,480,694	\$1,495,715	\$15,021	1%
	Malpractice	\$729,896	\$736,725	\$6,829	1%
	Other Operating Expenses	\$14,231,872	\$15,626,942	\$1,395,070	10%
	Total Operating Expenses	\$61,577,163	\$65,981,058	\$4,403,895	7%
	Income/(Loss) From Operations	(\$1,453,874)	(\$379,705)	\$1,074,169	-74%
C. <u>I</u>	Non-Operating Revenue:				
1	Income from Investments	\$111,148	\$427,261	\$316,113	284%
2 (Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3 (Other Non-Operating Gains/(Losses)	\$0	\$3,200	\$3,200	0%
-	Total Non-Operating Revenue	\$111,148	\$430,461	\$319,313	287%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,342,726)	\$50,756	\$1,393,482	-104%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$1,094,678	\$0	(\$1,094,678)	-100%
	Total Other Adjustments	\$1,094,678	\$0	(\$1,094,678)	-100%
			A	A	
	Excess/(Deficiency) of Revenue Over Expenses Principal Payments	(\$248,048) \$423,393	\$50,756 \$437,603	\$298,804 \$14,210	-120%

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
ı.	GROSS REVENUE BY PAYER				
	<u> </u>				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$32,238,275	\$31,435,866	(\$802,409)	
2	MEDICARE MANAGED CARE	\$7,310,781	\$8,288,629	\$977,848	13%
3	MEDICAID	\$4,140,803	\$8,496,248	\$4,355,445	
4	MEDICAID MANAGED CARE	\$4,424,570	\$1,492,140	(\$2,932,430)	
5	CHAMPUS/TRICARE	\$400,272	\$342,847	(\$57,425)	
6	COMMERCIAL INSURANCE	\$289,102	\$650,971	\$361,869	125%
7	NON-GOVERNMENT MANAGED CARE	\$13,703,932	\$13,621,109	(\$82,823)	
9	WORKER'S COMPENSATION	\$101,466	\$164,923	\$63,457	63%
10	SELF- PAY/UNINSURED SAGA	\$653,864	\$1,122,051 \$0	\$468,187 \$0	72% 0%
11	OTHER	\$0 \$0	-		0%
	TOTAL INPATIENT GROSS REVENUE	\$63,263.065	\$0 \$65,614,784	\$0 \$2,351,719	4%
В.	OUTPATIENT GROSS REVENUE	φυ3,203,003	φυσ,υ 14,7 04	कर,उठा,मार्थ	470
<u>в.</u>	MEDICARE TRADITIONAL	\$22,583,294	\$22,226,566	(\$356,728)	-2%
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	\$6,591,509	\$7,013,892	\$422,383	-2% 6%
3	MEDICAID	\$4,795,982	\$12,129,986	\$7.334.004	153%
4	MEDICAID MANAGED CARE	\$7,254,770	\$2,122,960	(\$5,131,801)	
5	CHAMPUS/TRICARE	\$588,682	\$542,027	(\$46,655)	
6	COMMERCIAL INSURANCE	\$754,767	\$1,612,386	\$857,619	114%
7	NON-GOVERNMENT MANAGED CARE	\$38,814,632	\$36,870,444	(\$1,944,188)	
8	WORKER'S COMPENSATION	\$2,197,783	\$2,475,667	\$277,884	13%
9	SELF- PAY/UNINSURED	\$1,938,061	\$2,070,919	\$132,858	7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$85,519,480	\$87,064,856	\$1,545,376	2%
		+ + + + + + + + + + + + + + + + + + +	+	V 1,0 10,010	
C.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$54,821,569	\$53,662,432	(\$1,159,137)	-2%
2	MEDICARE MANAGED CARE	\$13,902,290	\$15,302,521	\$1,400,231	10%
3	MEDICAID	\$8,936,785	\$20,626,234	\$11,689,449	131%
4	MEDICAID MANAGED CARE	\$11,679,340	\$3,615,109	(\$8,064,231)	-69%
5	CHAMPUS/TRICARE	\$988,954	\$884,874	(\$104,080)	
6	COMMERCIAL INSURANCE	\$1,043,869	\$2,263,357	\$1,219,488	117%
7		\$52,518,564	\$50,491,553	(\$2,027,011)	
8		\$2,299,249	\$2,640,590	\$341,341	
9	SELF- PAY/UNINSURED	\$2,591,925	\$3,192,970	\$601,045	23%
10	SAGA	\$0	\$0	\$0	0%
11		\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$148,782,545	\$152,679,640	\$3,897,095	3%
п.	NET REVENUE BY PAYER				
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$11,191,228	\$10,737,352	(\$453,876)	-4%
2	MEDICARE MANAGED CARE	\$3,554,102	\$4,275,568	\$721,466	20%
3	MEDICAID	\$522,842	\$2,977,074	\$2,454,232	469%
4	MEDICAID MANAGED CARE	\$2,035,784	\$408,364	(\$1,627,420)	-80%
5	CHAMPUS/TRICARE	\$152,747	\$152,368	(\$379)	0%
6	COMMERCIAL INSURANCE	\$195,488	\$478,514	\$283,026	145%
7	NON-GOVERNMENT MANAGED CARE	\$7,143,085	\$7,909,766	\$766,681	11%
8	WORKER'S COMPENSATION	\$37,208	\$87,647	\$50,439	136%
9	SELF- PAY/UNINSURED	\$55,783	\$14,045	(\$41,738)	
	CACA	\$0	\$0	40	00/
10	SAGA	ΨΟ	Φυ	\$0	0%

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$24,888,267	\$27,040,698	\$2,152,431	9%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,593,446	\$6,028,770	\$435,324	8%
2	MEDICARE MANAGED CARE	\$1,692,060	\$3,628,043	\$1,935,983	114%
3	MEDICAID	\$1,090,983	\$2,392,306	\$1,301,323	119%
4	MEDICAID MANAGED CARE	\$1,867,045	\$1,318,507	(\$548,538)	
5	CHAMPUS/TRICARE	\$236,977	\$157,690	(\$79,287)	
6	COMMERCIAL INSURANCE	\$514,717	\$1,182,046	\$667,329	130%
7 8	NON-GOVERNMENT MANAGED CARE	\$21,819,473	\$19,533,782	(\$2,285,691)	
9	WORKER'S COMPENSATION	\$1,321,666	\$1,449,734	\$128,068	10%
10	SELF- PAY/UNINSURED SAGA	\$147,470	\$108,242	(\$39,228) \$0	-27% 0%
11	OTHER	\$0 \$0	\$0 \$0	\$0	
11	TOTAL OUTPATIENT NET REVENUE	\$34,283,837	\$35,799,120	\$1,515,283	0% 4%
	TOTAL COTFATILITINET REVENUE	φ34,203,037	φ33,7 99 ,120	\$1,313,203	4 70
c.	TOTAL NET REVENUE				
1		\$16,784,674	\$16,766,122	(\$18,552)	0%
2	MEDICARE MANAGED CARE	\$5,246,162	\$7,903,611	\$2,657,449	51%
3	MEDICAID	\$1,613,825	\$5,369,380	\$3,755,555	233%
4		\$3,902,829	\$1,726,871	(\$2,175,958)	
5	CHAMPUS/TRICARE	\$389,724	\$310,058	(\$79,666)	
6	COMMERCIAL INSURANCE	\$710,205	\$1,660,560	\$950,355	134%
7		\$28,962,558	\$27,443,548	(\$1,519,010)	
8		\$1,358,874	\$1,537,381	\$178,507	13%
9	SELF- PAY/UNINSURED	\$203,253	\$122,287	(\$80,966)	-40%
10		\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$59,172,104	\$62,839,818	\$3,667,714	6%
III.	STATISTICS BY PAYER			I	ı
	DISCHARGES				
A.	DISCHARGES MEDICARE TRADITIONAL	1,347	1,271	(76)	60/
2		,		\ /	
3	MEDICARE MANAGED CARE MEDICAID	269 216	330 539	61 323	23% 150%
4	MEDICAID MEDICAID MANAGED CARE	427	107	(320)	
5	CHAMPUS/TRICARE	30	19	(320)	-37%
6	COMMERCIAL INSURANCE	18	43	25	139%
7	NON-GOVERNMENT MANAGED CARE	903	858	(45)	
8	WORKER'S COMPENSATION	903	8	(45)	33%
9	SELF- PAY/UNINSURED	52		24	46%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
<u> </u>	TOTAL DISCHARGES	3,268	3,251	(17)	-1%
В.	PATIENT DAYS	3,200	3,231	(17)	-1 /0
1	MEDICARE TRADITIONAL	7,689	7,475	(214)	-3%
2	MEDICARE MANAGED CARE	1,491	1,767	276	19%
3	MEDICARE MANAGED CARE	1,312	2,426	1,114	85%
4	MEDICAID MEDICAID MANAGED CARE	1,501	478	(1,023)	-68%
5	CHAMPUS/TRICARE	93	92	(1,023)	
6	COMMERCIAL INSURANCE	91	190	99	109%
7	NON-GOVERNMENT MANAGED CARE	3,422	3,417	(5)	0%
8	WORKER'S COMPENSATION	22	26	4	18%
9	SELF- PAY/UNINSURED	169	318	149	88%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
<u> </u>	TOTAL PATIENT DAYS	15,790	16,189	399	3%
C.	OUTPATIENT VISITS	10,100	. 3, 103		370
<u> </u>	1			I	ı

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
1	MEDICARE TRADITIONAL	23,735	23,135	(600)	-3%
2	MEDICARE MANAGED CARE	7,172	7,676	504	7%
3	MEDICAID	3,435	8,985	5,550	162%
4	MEDICAID MANAGED CARE	7.004	2,010	(4.994)	-71%
5	CHAMPUS/TRICARE	522	524	2	0%
6	COMMERCIAL INSURANCE	571	1,018	447	78%
7	NON-GOVERNMENT MANAGED CARE	35,040	35,746	706	2%
8	WORKER'S COMPENSATION	1,389	1,506	117	8%
9	SELF- PAY/UNINSURED	1,895	1,951	56	3%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	80,763	82,551	1,788	2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				,
	EMEDOENOV DEDARTMENT OUTDATENT ORGANIZATION	-			
Α	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVI		#4.000.70 ((#000 000)	5 0,
1	MEDICARE TRADITIONAL	\$5,183,053	\$4,900,784	(\$282,269)	-5%
2	MEDICARE MANAGED CARE	\$1,148,377	\$1,330,444	\$182,067	16%
3	MEDICAID MEDICAID MANAGED CARE	\$2,620,574 \$3,333,229	\$6,584,825 \$1,130,485	\$3,964,251 (\$2,202,744)	151%
5	CHAMPUS/TRICARE	\$218,757	\$278,462	\$59,705	-66% 27%
6	COMMERCIAL INSURANCE	\$277,689	\$287,663	\$9,974	4%
7	NON-GOVERNMENT MANAGED CARE	\$10,106,210	\$9,676,733	(\$429,477)	-4%
8	WORKER'S COMPENSATION	\$599,123	\$604,198	\$5,075	1%
9	SELF- PAY/UNINSURED	\$1,553,078	\$1,750,994	\$197,916	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0 \$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	ΨΟ	ΨΟ	Ψ	070
	GROSS REVENUE	\$25,040,090	\$26,544,588	\$1,504,498	6%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENU	<u>IE</u>			
1	MEDICARE TRADITIONAL	\$1,377,070	\$1,324,558	(\$52,512)	-4%
2	MEDICARE MANAGED CARE	\$311,002	\$336,555	\$25,553	8%
3	MEDICAID	\$670,059	\$1,426,242	\$756,183	113%
4	MEDICAID MANAGED CARE	\$944,606	\$210,962	(\$733,644)	-78%
5	CHAMPUS/TRICARE	\$92,864	\$71,963	(\$20,901)	-23%
6	COMMERCIAL INSURANCE	\$206,839	\$177,057	(\$29,782)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$5,970,012	\$5,489,314	(\$480,698)	-8%
8	WORKER'S COMPENSATION	\$453,745	\$445,569	(\$8,176)	-2%
9	SELF- PAY/UNINSURED	\$69,697	\$53,334	(\$16,363)	
10	SAGA	\$0	\$0 \$0	\$0 \$0	0% 0%
11	OTHER TOTAL EMERGENCY DEPARTMENT OUTPATIENT	\$0	\$0	\$0	0%
	NET REVENUE	\$10,095,894	\$9,535,554	(\$560,340)	-6%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS	Ţ. J,000,00Ŧ	++,,,,,,,,,,	(+500,010)	3,0
1	MEDICARE TRADITIONAL	2,804	2,845	41	1%
2	MEDICARE MANAGED CARE	645	716	71	11%
3	MEDICAID	1,628	4,030	2,402	148%
4	MEDICAID MANAGED CARE	3,085	983	(2,102)	-68%
5	CHAMPUS/TRICARE	177	208	31	18%
6	COMMERCIAL INSURANCE	191	452	261	137%
7	NON-GOVERNMENT MANAGED CARE	6,963	6,927	(36)	-1%
8	WORKER'S COMPENSATION	638	609	(29)	-5%
9	SELF- PAY/UNINSURED	1,304	1,375	71	5%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	17,435	18,145	710	4%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
т	OPERATING EXPENSE BY CATEGORY				
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$9,407,572	\$9,394,293	(\$13,279)	0%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$16,801,243	\$17,775,085	\$973,842	6%
	Total Salaries & Wages	\$26,208,815	\$27,169,378	\$960,563	4%
_	Friend Develope				
В.	Fringe Benefits:	CO 440 465	\$2,347,211	(\$400.0E4)	-4%
2	Nursing Fringe Benefits Physician Fringe Benefits	\$2,448,165 \$0	\$2,347,211	(\$100,954) \$0	-4% 0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,372,247	\$4,441,193	\$68,946	2%
	Total Fringe Benefits	\$6,820,412	\$6,788,404	(\$32,008)	0%
	Total Tilligo Dollollo	\$0,020,112	40,100,101	(402,000)	3 70
C.	Contractual Labor Fees:				
1	Nursing Fees	\$52,166	\$153,963	\$101,797	195%
2	Physician Fees	\$485,260	\$961,569	\$476,309	98%
3	Non-Nursing, Non-Physician Fees	\$888,237	\$525,817	(\$362,420)	-41%
	Total Contractual Labor Fees	\$1,425,663	\$1,641,349	\$215,686	15%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies Medical Supplies	\$4,201,438	\$3,931,361	(\$270,077)	-6%
2	Pharmaceutical Costs	\$2,247,379	\$2,528,642	\$281,263	13%
	Total Medical Supplies and Pharmaceutical Cost	\$6.448.817	\$6,460,003	\$11,186	0%
	точи точной сирриос или тийниковиной сос	40,110,011	40,100,000	VIII,100	• 7,0
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$1,174,692	\$1,148,143	(\$26,549)	-2%
2	Depreciation-Equipment	\$1,884,589	\$1,845,947	(\$38,642)	-2%
3	Amortization	\$183,981	\$183,981	\$0	0%
	Total Depreciation and Amortization	\$3,243,262	\$3,178,071	(\$65,191)	-2%
F.	Bad Debts:				
1	Bad Debts	\$1,928,135	\$3,564,251	\$1,636,116	85%
	Dud Dobio	ψ1,020,100	ψο,σοπ,2στ	ψ1,000,110	0070
G.	Interest Expense:				
1	Interest Expense	\$1,480,694	\$1,495,715	\$15,021	1%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$729,896	\$736,725	\$6,829	1%
I.	Utilities:				
1 1	Water	\$28,601	\$32,648	\$4,047	14%
2	Natural Gas	\$36,764	\$34,135	(\$2,629)	-7%
3	Oil	\$638,064	\$714,637	\$76,573	12%
4	Electricity	\$740,020	\$728,597	(\$11,423)	-2%
5	Telephone	\$182,090	\$203,761	\$21,671	12%
6	Other Utilities	\$85,314	\$74,421	(\$10,893)	-13%
	Total Utilities	\$1,710,853	\$1,788,199	\$77,346	5%
J.	Business Expenses:				
J. 1	Accounting Fees	\$97,397	\$82,119	(\$15,278)	-16%
2	Legal Fees	\$370,143	\$688,282	\$318,139	86%
3	Consulting Fees	\$1,628,015	\$1,299,106	(\$328,909)	-20%
4	Dues and Membership	\$138,650	\$153,438	\$14,788	11%
5	Equipment Leases	\$806,362	\$920,684	\$114,322	14%
6	Building Leases	\$679,745	\$768,096	\$88,351	13%
7	Repairs and Maintenance	\$460,123	\$461,460	\$1,337	0%
8	Insurance	\$136,360	\$157,555	\$21,195	16%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
	Trovol	¢40,600	£26.024	(\$24.0C0)	450/
9	Travel Conferences	\$48,692 \$42,246	\$26,824 \$50,242	(\$21,868) \$7,996	-45% 19%
11	Property Tax	\$42,240	\$50,242	\$0	0%
12	General Supplies	\$221,013	\$254,675	\$33,662	15%
13	Licenses and Subscriptions	\$54,787	\$29,768	(\$25,019)	-46%
14	Postage and Shipping	\$75,894	\$77,281	\$1,387	2%
15	Advertising	\$148,888	\$200,427	\$51,539	35%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$943,167	\$943,167	0%
18	Computer hardware & small equipment	\$0	\$110,415	\$110,415	0%
19	Dietary / Food Services	\$0	\$279,626	\$279,626	0%
20	Lab Fees / Red Cross charges	\$0	\$977,414	\$977,414	0%
21	Billing & Collection / Bank Fees	\$0	\$669,592	\$669,592	0%
22	Recruiting / Employee Education & Recognition	\$0	\$15,225	\$15,225	0%
23	Laundry / Linen	\$0	\$264,768	\$264,768	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$142,083	\$142,083	0%
26	Purchased Services - Medical	\$0	\$851,524	\$851,524	0%
27	Purchased Services - Non Medical	\$0	\$666,560	\$666,560	0%
28	Other Business Expenses	\$6,366,667	\$2,777,158	(\$3,589,509)	-56%
	Total Business Expenses	\$11,274,982	\$12,867,489	\$1,592,507	14%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$305,634	\$291,474	(\$14,160)	-5%
	Miscellarieous Other Operating Expenses	φ303,034	Ψ291,474	(φ14,100)	-5/0
<u> </u>					
1	Total Operating Expenses - All Expense Categories* *A K. The total operating expenses amount abov	\$61,577,163 e must agree with	\$65,981,058 the total operation	\$4,403,895 ng expenses amou	7% nt on Report 150
II.					
	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT				
	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services:	e must agree with	the total operation	ng expenses amou	nt on Report 150
II. A. 1	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration	e must agree with	the total operation the total operation state of the total operation state	ng expenses amou	nt on Report 150
II. A. 1 2	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting	\$4,238,624 \$616,460	\$5,251,402 \$716,197	\$1,012,778 \$99,737	24% 16%
II. A. 1 2 3	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection	\$4,238,624 \$616,460 \$1,327,083	\$5,251,402 \$716,197 \$1,183,232	\$1,012,778 \$99,737 (\$143,851)	24% 16% -11%
II. A. 1 2 3 4	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office	\$4,238,624 \$616,460 \$1,327,083 \$885,526	\$5,251,402 \$716,197 \$1,183,232 \$924,368	\$1,012,778 \$99,737 (\$143,851) \$38,842	24% 16% -11%
II. 1 2 3 4 5 5	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986)	24% 16% -11% 4% -15%
II. A. 1 2 3 4 5 6	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126	24% 16% -11% 4% -15% 7%
II. A. 1 2 3 4 5 6 7	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201	24% 16% -11% 4% -15% 7% 2%
II. A. 1 2 3 4 5 6 7 8	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357	24% 16% -11% 4% -15% 7% 2% 14%
II. A. 1 2 3 4 5 6 7 8 9	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386	24% 16% -11% 4% -15% 7% 2% 14% 24%
II. A. 1 2 3 4 5 6 7 8 9 10	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825	24% 16% -11% 4% -15% 7% 2% 14% 24% 4%
II. A. 1 2 3 4 5 6 7 8 9 10 11	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315	24% 16% -11% 4% -15% 7% 2% 14% 24% 4% 14%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456	24% 16% -11% 4% -15% 7% 22% 44% 44% 44% 45% 15% 24%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209	24% 16% -11% 4% -15% 7% 22% 14% 24% 4% 10% 24% 4% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10
II. A. 1 2 3 4 5 6 7 8 9 10 11 12	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456	24% 16% -11% 4% -15% 7% 24% 44% 4,4% 4,4% 1,4% 2,4% 4,5% 1,2% 0,0%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499	24% 16% -11% 4% -15% 7% 24% 44% 4,4% 14% 24% 48% 10% 88%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security Repairs and Maintenance	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447 \$715,838	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946 \$769,941	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499 \$54,103	
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security Repairs and Maintenance Central Sterile Supply	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447 \$715,838 \$184,990	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946 \$769,941 \$227,073	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499 \$54,103 \$42,083	24% 16% -11% 4% -15% 7% 24% 14% 24% 14% 24% 60% 88% 23% 12%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security Repairs and Maintenance Central Sterile Supply Pharmacy Department	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447 \$715,838 \$184,990 \$2,871,144	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946 \$769,941 \$227,073	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499 \$54,103 \$42,083 \$343,757	24% 16% -11% 4% -15% 7% 24% 14% 24% 14% 24% 48% 24% 48% 12% 6%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security Repairs and Maintenance Central Sterile Supply Pharmacy Department Other General Services Total General Services	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447 \$715,838 \$184,990 \$2,871,144 \$4,265,030	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946 \$769,941 \$227,073 \$3,214,901 \$4,501,031	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499 \$54,103 \$42,083 \$343,757 \$236,001	24% 16% -11% 4% -15% 7% 24% 14% 24% 14% 24% 48% 24% 48% 12% 6%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security Repairs and Maintenance Central Sterile Supply Pharmacy Department Other General Services Total General Services: Professional Services:	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447 \$715,838 \$184,990 \$2,871,144 \$4,265,030 \$28,527,824	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946 \$769,941 \$227,073 \$3,214,901 \$4,501,031 \$30,408,662	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499 \$54,103 \$42,083 \$343,757 \$236,001 \$1,880,838	24% 16% -11% 4% -15% 7% 24% 14% 24% 14% 24% 48 12% 08 88 23% 12% 6% 7%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 B. 1	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security Repairs and Maintenance Central Sterile Supply Pharmacy Department Other General Services Total General Services: Medical Care Administration	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447 \$715,838 \$184,990 \$2,871,144 \$4,265,030 \$28,527,824	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946 \$769,941 \$227,073 \$3,214,901 \$4,501,031 \$30,408,662	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499 \$54,103 \$42,083 \$343,757 \$236,001 \$1,880,838	24% 16% -11% 4% -15% 7% 24% 14% 24% 14% 24% 4% 12% 6% 7%
II. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	*A K. The total operating expenses amount abov OPERATING EXPENSE BY DEPARTMENT General Services: General Administration General Accounting Patient Billing & Collection Admitting / Registration Office Data Processing Communications Personnel Public Relations Purchasing Dietary and Cafeteria Housekeeping Laundry & Linen Operation of Plant Security Repairs and Maintenance Central Sterile Supply Pharmacy Department Other General Services Total General Services: Professional Services:	\$4,238,624 \$616,460 \$1,327,083 \$885,526 \$1,922,903 \$164,503 \$7,239,073 \$339,805 \$226,159 \$734,816 \$689,074 \$260,513 \$1,682,836 \$163,447 \$715,838 \$184,990 \$2,871,144 \$4,265,030 \$28,527,824	\$5,251,402 \$716,197 \$1,183,232 \$924,368 \$1,643,917 \$175,629 \$7,363,274 \$388,162 \$280,545 \$761,641 \$697,389 \$266,969 \$1,879,045 \$163,946 \$769,941 \$227,073 \$3,214,901 \$4,501,031 \$30,408,662	\$1,012,778 \$99,737 (\$143,851) \$38,842 (\$278,986) \$11,126 \$124,201 \$48,357 \$54,386 \$26,825 \$8,315 \$6,456 \$196,209 \$499 \$54,103 \$42,083 \$343,757 \$236,001 \$1,880,838	24% 16% -11% 4% -15% 7% 24% 14% 24% 14% 24% 4% 12% 6% 7%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$0	\$0 \$0	\$0 \$0	0%
	Total Professional Services	\$2,589,456	\$2,741,032	\$151,576	6%
	Total Floressional Services	\$2,369,430	\$2,741,U3Z	\$151,570	0 /8
C.	Special Services:				
1	Operating Room	\$1,752,177	\$1,744,436	(\$7,741)	0%
2	Recovery Room	\$323,426	\$333,444	\$10,018	3%
3	Anesthesiology	\$466,607	\$464,175	(\$2,432)	-1%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,976,367	\$2,148,144	\$171,777	9%
6	Diagnostic Ultrasound	\$344,887	\$293,571	(\$51,316)	-15%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$466,507	\$399,764	(\$66,743)	-14%
9	CT Scan	\$466,868	\$348,562	(\$118,306)	-25%
10	Laboratory	\$3,310,964	\$3,447,796	\$136,832	4%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$240,061	\$261,495	\$21,434	9%
13	Electrocardiology	\$63,805	\$64,353	\$548	1%
14	Electroencephalography	\$27,958	\$24,654	(\$3,304)	-12%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$695,295	\$718,444	\$23,149	3%
19	Pulmonary Function	\$398,590	\$393,647	(\$4,943)	-1%
20	Intravenous Therapy	\$112,051	\$110,547	(\$1,504)	-1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$207,914	\$204,338	(\$3,576)	-2%
23	Renal Dialysis	\$130,633	\$94,827	(\$35,806)	-27%
24	Emergency Room	\$3,239,172	\$3,633,534	\$394,362	12%
25	MRI	\$657,362	\$698,435	\$41,073	6%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$689,377	\$775,531	\$86,154	12%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,027,116	\$1,483,241	\$456,125	44%
-	Total Special Services	\$16,597,137	\$17,642,938	\$1,045,801	6%
D.	Routine Services:				
1	Medical & Surgical Units	\$3,636,944	\$3,646,267	\$9,323	0%
2	Intensive Care Unit	\$1,410,442	\$1,387,027	(\$23,415)	-2%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,187,415	\$2,169,504	(\$17,911)	-1%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,140,247	\$1,125,656	(\$14,591)	-1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$3,559,556	\$3,295,721	(\$263,835)	-7%
11	Home Care	\$0	\$0	\$0	0%

	JOHNSON	I MEMORIAL HOSPITAL						
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2012							
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(4)	(0)	(0)	(0)					
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL				
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012				
A.	Statement of Operations Summary							
1	Total Net Patient Revenue	\$61,336,304	\$ 59,499,426	\$65,318,419				
2	Other Operating Revenue	252,845	623,863	282,934				
3	Total Operating Revenue	\$61,589,149	\$60,123,289	\$65,601,353				
4	Total Operating Expenses	67,684,735	61,577,163	65,981,058				
5	Income/(Loss) From Operations	(\$6,095,586)	(\$1,453,874)	(\$379,705)				
6	Total Non-Operating Revenue	33,467,213	1,205,826	430,461				
7	Excess/(Deficiency) of Revenue Over Expenses	\$27,371,627	(\$248,048)	\$50,756				
В.	Profitability Summary							
1	Hospital Operating Margin	-6.41%	-2.37%	-0.58%				
2	Hospital Non Operating Margin	35.21%	1.97%	0.65%				
3	Hospital Total Margin	28.80%	-0.40%	0.08%				
4	Income/(Loss) From Operations	(\$6,095,586)	(\$1,453,874)	(\$379,705)				
5	Total Operating Revenue	\$61,589,149	\$60,123,289	\$65,601,353				
6	Total Non-Operating Revenue	\$33,467,213	\$1,205,826	\$430,461				
7	Total Revenue	\$95,056,362	\$61,329,115	\$66,031,814				
8	Excess/(Deficiency) of Revenue Over Expenses	\$27,371,627	(\$248,048)	\$50,756				
C.	Net Assets Summary							
1	Hospital Unrestricted Net Assets	\$4,607,135	\$4,359,087	\$4,961,873				
2	Hospital Total Net Assets	\$8,733,965	\$8,690,013	\$9,684,598				
3	Hospital Change in Total Net Assets	\$25,444,731	(\$43,952)	\$994,585				
4	Hospital Change in Total Net Assets %	-52.3%	-0.5%	11.4%				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.45	0.41	0.43				
2	Total Operating Expenses	\$67,684,735	\$61,577,163	\$65,981,058				
3	Total Gross Revenue	\$151,379,867	\$148,782,545	\$152,679,640				
4	Total Other Operating Revenue	\$571,177	\$1,209,809	\$282,934				
5	Private Payment to Cost Ratio	1.28	1.35	1.28				
6	Total Non-Government Payments	\$34,911,509	\$31,234,890	\$30,763,776				

	JOHNSON MEMORIAL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2012							
	REPORT 185 - HOSPITAL FINA	NCIAL AND STATISTICAL DA	TA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012				
7	Total Uninsured Payments	\$221,346	\$203,253	\$122,287				
8	Total Non-Government Charges	\$64,019,333	\$58,453,607	\$58,588,470				
9	Total Uninsured Charges	\$3,046,095	\$2,591,925	\$3,192,970				
10	Medicare Payment to Cost Ratio	0.70	0.78	0.83				
11	Total Medicare Payments	\$21,517,044	\$22,030,836	\$24,669,733				
12	Total Medicare Charges	\$69,163,715	\$68,723,859	\$68,964,953				
13	Medicaid Payment to Cost Ratio	0.61	0.65	0.68				
14	Total Medicaid Payments	\$4,270,748	\$5,516,654	\$7,096,251				
15	Total Medicaid Charges	\$15,725,473	\$20,616,125	\$24,241,343				
16	Uncompensated Care Cost	\$1,258,250	\$1,070,220	\$1,620,753				
17	Charity Care	\$280,655	\$465,816	\$193,108				
18	Bad Debts	\$2,544,094	\$2,141,072	\$3,564,251				
19	Total Uncompensated Care	\$2,824,749	\$2,606,888	\$3,757,359				
20	Uncompensated Care % of Total Expenses	1.9%	1.7%	2.5%				
21	Total Operating Expenses	\$67,684,735	\$61,577,163	\$65,981,058				
E.	Liquidity Measures Summary							
1	Current Ratio	0.89	0.95	0.95				
2	Total Current Assets	\$14,621,336	\$11,631,657	\$11,019,268				
3	Total Current Liabilities	\$16,401,250	\$12,248,428	\$11,592,048				
4	Days Cash on Hand	23	6	5				
5	Cash and Cash Equivalents	\$4,142,244	\$884,888	\$787,925				
6	Short Term Investments	0	0	0				
7	Total Cash and Short Term Investments	\$4,142,244	\$884,888	\$787,925				
8	Total Operating Expenses	\$67,684,735	\$61,577,163	\$65,981,058				
9	Depreciation Expense	\$3,172,136	\$3,243,262	\$3,178,071				
10	Operating Expenses less Depreciation Expense	\$64,512,599	\$58,333,901	\$62,802,987				
11	Days Revenue in Patient Accounts Receivable	40.45	36.50	37.73				

	JOHNSON MEMORIAL HOSPITAL						
	TWELVE MONTHS ACTUAL FILING						
	FISCAL YEAR 2012						
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012			
12	Net Patient Accounts Receivable	\$ 7,869,668	\$ 7,216,452	\$ 8,023,775			
13	Due From Third Party Payers	\$0	\$0	\$0			
14	Due To Third Party Payers	\$1,071,475	\$1,266,304	\$1,272,580			
4.5	Total Net Patient Accounts Receivable and Third Party Payer	Φ 0.700.400	A 5.050.440	A 0.754.405			
15	Activity	\$ 6,798,193	\$ 5,950,148	\$ 6,751,195			
16	Total Net Patient Revenue	\$61,336,304	\$ 59,499,426	\$ 65,318,419			
17	Average Payment Period	92.80	76.64	67.37			
18	Total Current Liabilities	\$16,401,250	\$12,248,428	\$11,592,048			
19	Total Operating Expenses	\$67,684,735	\$61,577,163	\$65,981,058			
20	Depreciation Expense	\$3,172,136	\$3,243,262	\$3,178,071			
21	Total Operating Expenses less Depreciation Expense	\$64,512,599	\$58,333,901	\$62,802,987			
F.	Solvency Measures Summary						
1	Equity Financing Ratio	18.6	20.1	22.5			
2	Total Net Assets	\$8,733,965	\$8,690,013	\$9,684,598			
3	Total Assets	\$46,903,096	\$43,313,549	\$43,040,896			
4	Cash Flow to Total Debt Ratio	105.7	12.3	13.8			
5	Excess/(Deficiency) of Revenues Over Expenses	\$27,371,627	(\$248,048)	\$50,756			
6	Depreciation Expense	\$3,172,136	\$3,243,262	\$3,178,071			
7	Excess of Revenues Over Expenses and Depreciation Expense	\$30,543,763	\$2,995,214	\$3,228,827			
8	Total Current Liabilities	\$16,401,250	\$12,248,428	\$11,592,048			
9	Total Long Term Debt	\$12,501,250	\$12,158,750	\$11,816,250			
10	Total Current Liabilities and Total Long Term Debt	\$28,902,500	\$24,407,178	\$23,408,298			
11	Long Term Debt to Capitalization Ratio	58.9	58.3	55.0			
12	Total Long Term Debt	\$12,501,250	\$12,158,750	\$11,816,250			
13	Total Net Assets	\$8,733,965	\$8,690,013	\$9,684,598			
14	Total Long Term Debt and Total Net Assets	\$21,235,215	\$20,848,763	\$21,500,848			
15	Debt Service Coverage Ratio	28.9	2.4	2.4			
16	Excess Revenues over Expenses	\$27,371,627	(\$248,048)	\$50,756			
17	Interest Expense	\$592,676	\$1,480,694	\$1,495,715			
18	Depreciation and Amortization Expense	\$3,172,136	\$3,243,262	\$3,178,071			

	JOHNSON MEMO	ORIAL HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(-,	, j	ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2010	FY 2011	FY 2012				
19	Principal Payments	\$484,562	\$423,393	\$437,603				
G.	Other Financial Ratios							
20	Average Age of Plant	10.8	11.5	12.3				
21	Accumulated Depreciation	\$34,378,475	\$37,256,964	\$39,198,224				
22	Depreciation and Amortization Expense	\$3,172,136	\$3,243,262	\$3,178,071				
Н.	Utilization Measures Summary							
1	Patient Days	17,737	15,790	16,189				
2	Discharges	3,437	3,268	3,251				
3	ALOS	5.2	4.8	5.0				
4	Staffed Beds	72	72	72				
5	Available Beds	-	95	95				
6	Licensed Beds	101	101	101				
6	Occupancy of Staffed Beds	67.5%	60.1%	61.6%				
7	Occupancy of Available Beds	51.2%	45.5%	46.7%				
8	Full Time Equivalent Employees	475.7	463.5	464.2				
l.	Hospital Gross Revenue Payer Mix Percentage							
1	Non-Government Gross Revenue Payer Mix Percentage	40.3%	37.5%	36.3%				
2	Medicare Gross Revenue Payer Mix Percentage	45.7%	46.2%	45.2%				
3	Medicaid Gross Revenue Payer Mix Percentage	10.4%	13.9%	15.9%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.1%	0.0%	0.0%				
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	1.7%	2.1%				
6 7	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage Total Gross Revenue Payer Mix Percentage	0.5% 100.0%	0.7% 100.0%	0.6% 100.0%				
8	Non-Government Gross Revenue (Charges)	\$60,973,238	\$55,861,682	\$55,395,500				
9	Medicare Gross Revenue (Charges)	\$69,163,715	\$68,723,859	\$68,964,953				
10	Medicaid Gross Revenue (Charges)	\$15,725,473	\$20,616,125	\$24,241,343				
11	Other Medical Assistance Gross Revenue (Charges)	\$1,709,037 \$3,046,005	\$0 \$0	\$0 \$3,102,070				
12 13	Uninsured Gross Revenue (Charges) CHAMPUS / TRICARE Gross Revenue (Charges)	\$3,046,095 \$762,309	\$2,591,925 \$988,954	\$3,192,970 \$884,874				
14	Total Gross Revenue (Charges)	\$151,379,867	\$148,782,545	\$152,679,640				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	56.6%	52.4%	48.8%				

TWELVE MONTHS FISCAL Y REPORT 185 - HOSPITAL FINANCIAL (2) DESCRIPTION Medicare Net Revenue Payer Mix Percentage Medicaid Net Revenue Payer Mix Percentage Dither Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage Non-Government Net Revenue (Payments)	YEAR 2012	(4) ACTUAL FY 2011 37.2% 9.3% 0.0% 0.3% 0.7%	(5) ACTUAL FY 2012 39.3% 11.3% 0.0%
(2) Medicare Net Revenue Payer Mix Percentage Medicaid Net Revenue Payer Mix Percentage Description Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Cotal Net Revenue Payer Mix Percentage	(3) ACTUAL FY 2010 35.1% 7.0% 0.5% 0.4% 0.5%	(4) ACTUAL FY 2011 37.2% 9.3% 0.0% 0.3%	ACTUAL FY 2012 39.3% 11.3%
(2) Medicare Net Revenue Payer Mix Percentage Medicaid Net Revenue Payer Mix Percentage Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Fotal Net Revenue Payer Mix Percentage	(3) ACTUAL FY 2010 35.1% 7.0% 0.5% 0.4% 0.5%	(4) ACTUAL FY 2011 37.2% 9.3% 0.0% 0.3%	ACTUAL FY 2012 39.3% 11.3%
Medicare Net Revenue Payer Mix Percentage Medicaid Net Revenue Payer Mix Percentage Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	ACTUAL FY 2010 35.1% 7.0% 0.5% 0.4% 0.5%	ACTUAL FY 2011 37.2% 9.3% 0.0% 0.3%	ACTUAL FY 2012 39.3% 11.3%
Medicare Net Revenue Payer Mix Percentage Medicaid Net Revenue Payer Mix Percentage Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	ACTUAL FY 2010 35.1% 7.0% 0.5% 0.4% 0.5%	ACTUAL FY 2011 37.2% 9.3% 0.0% 0.3%	ACTUAL FY 2012 39.3% 11.3%
Medicare Net Revenue Payer Mix Percentage Medicaid Net Revenue Payer Mix Percentage Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage		FY 2011 37.2% 9.3% 0.0% 0.3%	FY 2012 39.3% 11.3%
Medicare Net Revenue Payer Mix Percentage Medicaid Net Revenue Payer Mix Percentage Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	35.1% 7.0% 0.5% 0.4% 0.5%	37.2% 9.3% 0.0% 0.3%	39.3% 11.3%
Medicaid Net Revenue Payer Mix Percentage Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	7.0% 0.5% 0.4% 0.5%	9.3% 0.0% 0.3%	11.3%
Other Medical Assistance Net Revenue Payer Mix Percentage Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	0.5% 0.4% 0.5%	0.0% 0.3%	
Uninsured Net Revenue Payer Mix Percentage CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	0.4% 0.5%	0.3%	0.0%
CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	0.5%		
Total Net Revenue Payer Mix Percentage		0.7%	0.2%
,	100.0%	0.7 70	0.5%
Non-Government Net Revenue (Payments)		100.0%	100.0%
Non-Government Net Revenue (Payments)	# 0.4.000.400	004.004.007	
	\$34,690,163	\$31,031,637	\$30,641,489
Medicare Net Revenue (Payments)	\$21,517,044	\$22,030,836	\$24,669,733
Medicaid Net Revenue (Payments)	\$4,270,748	\$5,516,654	\$7,096,251
Other Medical Assistance Net Revenue (Payments)	\$324,478	\$0	\$0
Jninsured Net Revenue (Payments)	\$221,346	\$203,253	\$122,287
CHAMPUS / TRICARE Net Revenue Payments)	\$312,321	\$389,724	\$310,058
Total Net Revenue (Payments)	\$61,336,100	\$59,172,104	\$62,839,818
<u> Discharges</u>			
Non-Government (Including Self Pay / Uninsured)	1,143	979	985
Medicare	1,733	1,616	1,601
Medical Assistance	541	643	646
Medicaid	509	643	646
Other Medical Assistance	32	-	-
CHAMPUS / TRICARE	20	30	19
Jninsured (Included In Non-Government)	46	52	76
Total	3,437	3,268	3,251
Paga Miy Inday			
	1 167700	1 020300	1.039420
Medicare			1.322500
			0.974850
Medicaid			0.974850
			0.000000
CHAMPUS / TRICARE			1.122300
			0.976100
Total Case Mix Index	1.211084	1.153915	1.166480
	0.470	0.000	0.507
			2,537
mergency Room - Treated and Discharged	17,243 19,421	17,435	18,145
	edicare edical Assistance edicaid ther Medical Assistance HAMPUS / TRICARE ninsured (Included In Non-Government) edicare edicare endical Assistance HAMPUS / TRICARE ninsured (Included In Non-Government) edical edicare edical Assistance edical Assistance edicaid ther Medical Assistance HAMPUS / TRICARE ninsured (Included In Non-Government)	1,143 edicare	1,143 979

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2011	FY 2012	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
	Inpatient Charges	\$91,738	\$331,940	\$240,202	262%
	Inpatient Payments	\$50,616	\$170,621	\$120,005	237%
	Outpatient Charges	\$121,924	\$201,591	\$79,667	65%
	Outpatient Payments	\$38,015	\$105,314	\$67,299	177%
5	Discharges	6	11	5	83%
	Patient Days	20	67	47	235%
	Outpatient Visits (Excludes ED Visits)	108	187	79	73%
	Emergency Department Outpatient Visits	17	24	7	41%
9	Emergency Department Inpatient Admissions	3	10	7	233%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$213,662	\$533,531	\$319,869	150%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$88,631	\$275,935	\$187,304	211%
В.	CIGNA HEALTHCARE				
	Inpatient Charges	\$23,389	\$0	(\$23,389)	-100%
	Inpatient Orlanges Inpatient Payments	\$8,481	\$0	(\$8,481)	-100%
3	Outpatient Charges	\$12,276	\$0	(\$12,276)	-100%
	Outpatient Payments	\$2,599	\$0	(\$2,599)	-100%
	Discharges	Ψ2,533	0	(1)	-100%
	Patient Days	7	0	(7)	-100%
	Outpatient Visits (Excludes ED Visits)	14	0	(14)	-100%
	Emergency Department Outpatient Visits	0	0	0	0%
	Emergency Department Inpatient Admissions	76	0	(76)	-100%
3	TOTAL INPATIENT & OUTPATIENT CHARGES	\$35,665	\$0	(\$35,665)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,080	\$0	(\$11,080)	-100%
	TOTAL IN ATLENT & COST ATLENT TATMENTO	Ψ11,000	Ψ	(ψ11,000)	10070
C.	CONNECTICARE, INC.				
	Inpatient Charges	\$2,067,053	\$2,315,054	\$248,001	12%
	Inpatient Payments	\$999,850	\$1,145,646	\$145,796	15%
3	Outpatient Charges	\$1,703,350	\$2,416,104	\$712,754	42%
4	Outpatient Payments	\$443,281	\$1,265,934	\$822,653	186%
5	Discharges	67	77	10	15%
6	Patient Days	397	471	74	19%
	Outpatient Visits (Excludes ED Visits)	1,750	2,391	641	37%
	Emergency Department Outpatient Visits	148	217	69	47%
	Emergency Department Inpatient Admissions	56	70	14	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,770,403	\$4,731,158	\$960,755	25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,443,131	\$2,411,580	\$968,449	67%
			. , , ,	. , .	

(1)	(2)	(3)	(4)	(5)	(6)
	()	FY 2011	FY 2012	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$1,265,241	\$0	(\$1,265,241)	-100%
2	Inpatient Payments	\$555,051	\$0	(\$555,051)	-100%
3	Outpatient Charges	\$892,621	\$0	(\$892,621)	-100%
4	Outpatient Payments	\$208,535	\$0	(\$208,535)	-100%
5	Discharges	38	0	(38)	-100%
6	Patient Days	253	0	(253)	-100%
7	Outpatient Visits (Excludes ED Visits)	776	0	(776)	-100%
8	Emergency Department Outpatient Visits	71	0	(71)	-100%
9	Emergency Department Inpatient Admissions	38	0	(38)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,157,862	\$0	(\$2,157,862)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$763,586	\$0	(\$763,586)	-100%
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$76,781	\$0	(\$76,781)	-100%
2	Inpatient Payments	\$40,302	\$0	(\$40,302)	-100%
3	Outpatient Charges	\$39,036	\$15,895	(\$23,141)	-59%
4	Outpatient Payments	\$11,676	\$11,255	(\$421)	-4%
5	Discharges	4	0	(4)	-100%
	Patient Days	16	0	(16)	-100%
7	Outpatient Visits (Excludes ED Visits)	20	3	(17)	-85%
8	Emergency Department Outpatient Visits	22	10	(12)	-55%
9	Emergency Department Inpatient Admissions	5	0	(5)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$115,817	\$15,895	(\$99,922)	-86%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$51,978	\$11,255	(\$40,723)	-78%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVAN		*-	*-	
	Inpatient Charges	\$0	\$0	\$0	0%
	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
	· /	FY 2011	FY 2012	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$2,064,076	\$3,857,537	\$1,793,461	87%
2	Inpatient Payments	\$1,038,578	\$2,011,054	\$972,476	94%
3	Outpatient Charges	\$2,497,121	\$2,970,514	\$473,393	19%
4	Outpatient Payments	\$645,160	\$1,536,433	\$891,273	138%
5	Discharges	86	165	79	92%
6	Patient Days	440	822	382	87%
7	Outpatient Visits (Excludes ED Visits)	2,257	3,077	820	36%
8	Emergency Department Outpatient Visits	222	284	62	28%
9	Emergency Department Inpatient Admissions	0	152	152	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,561,197	\$6,828,051	\$2,266,854	50%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,683,738	\$3,547,487	\$1,863,749	111%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$377,788	\$213,273	(\$164,515)	-44%
2	Inpatient Payments	\$161,920	\$126,723	(\$35,197)	-22%
3	Outpatient Charges	\$61,456	\$180,225	\$118,769	193%
4	Outpatient Payments	\$19,352	\$84,036	\$64,684	334%
5	Discharges	11	11	0	0%
6	Patient Days	72	48	(24)	-33%
7	Outpatient Visits (Excludes ED Visits)	46	126	80	174%
8	Emergency Department Outpatient Visits	13	23	10	77%
9	Emergency Department Inpatient Admissions	7	7	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$439,244	\$393,498	(\$45,746)	-10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$181,272	\$210,759	\$29,487	16%
l.	AETNA			A :	
1	Inpatient Charges	\$290,957	\$648,475	\$357,518	123%
2	Inpatient Payments	\$167,992	\$328,467	\$160,475	96%
3	Outpatient Charges	\$342,064	\$390,846	\$48,782	14%
4	Outpatient Payments	\$95,281	\$207,206	\$111,925	117%
5	Discharges	14	23	9	64%
6	Patient Days	73	154	81	111%
7	Outpatient Visits (Excludes ED Visits)	279	314	35	13%
8	Emergency Department Outpatient Visits	34	39	5	15%
9	Emergency Department Inpatient Admissions	10	21	11	110%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$633,021	\$1,039,321	\$406,300	64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$263,273	\$535,673	\$272,400	103%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$19,453	\$0	(\$19,453)	-100%
2	Inpatient Payments	\$10,099	\$0	(\$10,099)	-100%
3	Outpatient Charges	\$16,355	\$32,163	\$15,808	97%
4	Outpatient Payments	\$8,286	\$18,360	\$10,074	122%
5	Discharges	1	0	(1)	-100%
6	Patient Days	5	0	(5)	-100%
7	Outpatient Visits (Excludes ED Visits)	23	18	(5)	-22%
8	Emergency Department Outpatient Visits	6	9	3	50%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$35,808	\$32,163	(\$3,645)	-10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$18,385	\$18,360	(\$25)	0%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$654,073	\$457,156	(\$196,917)	-30%
2	Inpatient Payments	\$329,733	\$261,587	(\$68,146)	-21%
3	Outpatient Charges	\$681,567	\$620,592	(\$60,975)	-9%
4	Outpatient Payments	\$162,744	\$302,513	\$139,769	86%
5	Discharges	26	21	(5)	-19%
6	Patient Days	119	92	(27)	-23%
7	Outpatient Visits (Excludes ED Visits)	549	320	(229)	-42%
8	Emergency Department Outpatient Visits	62	58	(4)	-6%
9	Emergency Department Inpatient Admissions	31	20	(11)	-35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,335,640	\$1,077,748	(\$257,892)	-19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$492,477	\$564,100	\$71,623	15%
	UNICARE LIFE & HEALTH INSURANCE				
<u>L.</u>		\$0	\$0	\$0	0%
1	Inpatient Charges Inpatient Payments	\$0		\$0 \$0	
3		\$0	\$0 \$0	\$0 \$0	0% 0%
4	Outpatient Charges Outpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
5	Discharges	0	<u>\$0</u>	\$0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
Э	TOTAL INPATIENT & OUTPATIENT CHARGES	\$ 0	\$ 0	\$ 0	0% 0%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0 \$0	0%
-	IOTAL INFATIENT & OUTPATIENT PATIMENTS	\$0	⊅ U	D	U%

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
М.	UNIVERSAL AMERICAN			l l	l l
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$380,232	\$465,194	\$84,962	22%
2	Inpatient Payments	\$191,480	\$231,470	\$39,990	21%
3	Outpatient Charges	\$223,739	\$185,962	(\$37,777)	-17%
4	Outpatient Payments	\$57,131	\$96,992	\$39,861	70%
5	Discharges	15	22	7	47%
6	Patient Days	89	113	24	27%
7	Outpatient Visits (Excludes ED Visits)	705	524	(181)	-26%
8	Emergency Department Outpatient Visits	50	52	2	4%
9	Emergency Department Inpatient Admissions	22	21	(1)	-5%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$603,971	\$651,156	\$47,185	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$248,611	\$328,462	\$79,851	32%
II.	TOTAL MEDICARE MANAGED CARE			T	Γ
	TOTAL INPATIENT CHARGES	\$7,310,781	\$8,288,629	\$977.848	13%
	TOTAL INPATIENT PAYMENTS	\$3,554,102	\$4,275,568	\$721,466	20%
	TOTAL OUTPATIENT CHARGES	\$6,591,509	\$7,013,892	\$422,383	6%
	TOTAL OUTPATIENT PAYMENTS	\$1,692,060	\$3,628,043	\$1,935,983	114%
	TOTAL DISCHARGES	269	330	61	23%
	TOTAL PATIENT DAYS	1,491	1,767	276	19%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED				
	VISITS)	6,527	6,960	433	7%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	645	716	71	11%
	TOTAL EMERGENCY DEPARTMENT		**		• • • • • • • • • • • • • • • • • • • •
	INPATIENT ADMISSIONS	249	301	52	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,902,290	\$15,302,521	\$1,400,231	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,246,162	\$7,903,611	\$2,657,449	51%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICAID MANAGED CARE				
Α.	ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT				
1	Inpatient Charges	\$1,886,174	\$0	(\$1,886,174)	-100%
2	Inpatient Payments	\$925,323	\$0	(\$925,323)	-100%
3	Outpatient Charges	\$235,074	\$0	(\$235,074)	-100%
4	Outpatient Payments	\$37,355	\$0	(\$37,355)	-100%
5	Discharges	146	0	(146)	-100%
6	Patient Days	775	0	(775)	-100%
7	Outpatient Visits (Excludes ED Visits)	42	0	(42)	-100%
8	Emergency Department Outpatient Visits	25	0	(25)	-100%
9	Emergency Department Inpatient Admissions	132	0	(132)	-100%
	TOTAL INPATIENT & OUTPATIENT			,	
	CHARGES	\$2,121,248	\$0	(\$2,121,248)	-100%
	TOTAL INPATIENT & OUTPATIENT	• •			
	PAYMENTS	\$962,678	\$0	(\$962,678)	-100%
				,	
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$1,693,094	\$550,110	(\$1,142,984)	-68%
2	Inpatient Payments	\$712,222	\$95,585	(\$616,637)	-87%
3	Outpatient Charges	\$3,850,004	\$874,356	(\$2,975,648)	-77%
4	Outpatient Payments	\$1,054,997	\$553,472	(\$501,525)	-48%
5	Discharges	215	46	(169)	-79%
6	Patient Days	504	122	(382)	-76%
7	Outpatient Visits (Excludes ED Visits)	2,535	633	(1,902)	-75%
8	Emergency Department Outpatient Visits	1,679	413	(1,266)	-75%
9	Emergency Department Inpatient Admissions	22	5	(17)	-77%
	TOTAL INPATIENT & OUTPATIENT			(\$4.440.000)	- 407
	CHARGES TOTAL INPATIENT & OUTPATIENT	\$5,543,098	\$1,424,466	(\$4,118,632)	-74%
	PAYMENTS	\$1,767,219	\$649,057	(\$1,118,162)	-63%
_			•		
C.	HEALTHNET OF THE NORTHEAST, INC.	**	*-	*-	
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$269	\$22,632	\$22,363	8313%
4	Outpatient Payments	\$261	\$12,932	\$12,671	4855%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	20	20	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT	* 000	#00.000	#00.000	00400/
	CHARGES TOTAL INPATIENT & OUTPATIENT	\$269	\$22,632	\$22,363	8313%
	PAYMENTS	6004	£40.000	£40.074	40550/
	FAIWENIS	\$261	\$12,932	\$12,671	4855%

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2011	FY 2012	AMÒÚNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE	-			
1	Inpatient Charges	\$432,113	\$860,436	\$428,323	99%
2	Inpatient Payments	\$235,111	\$300,082	\$64,971	28%
3	Outpatient Charges	\$1,400,498	\$609,935	(\$790,563)	-56%
4	Outpatient Payments	\$377,539	\$377,236	(\$303)	0%
5	Discharges	33	55	22	67%
6	Patient Days	113	337	224	198%
7	Outpatient Visits (Excludes ED Visits)	523	70	(453)	-87%
8	Emergency Department Outpatient Visits	735	276	(459)	-62%
9	Emergency Department Inpatient Admissions	11	141	130	1182%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$1,832,611	\$1,470,371	(\$362,240)	-20%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$612,650	\$677,318	\$64,668	11%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,				
F.	PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

(1)	(2)	(3)	(4)	(5)	(6)
	,	FY 2011	FY 2012	AMÒÚNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$29,058	\$29,058	0%
2	Inpatient Payments	\$0	\$2,606	\$2,606	0%
3	Outpatient Charges	\$0	\$238,198	\$238,198	0%
4	Outpatient Payments	\$0	\$144,350	\$144,350	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	6	6	0%
7	Outpatient Visits (Excludes ED Visits)	0	123	123	0%
8	Emergency Department Outpatient Visits	0	108	108	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT				5,75
	CHARGES	\$0	\$267,256	\$267,256	0%
	TOTAL INPATIENT & OUTPATIENT	, ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
	PAYMENTS	\$0	\$146,956	\$146,956	0%
Н.	AETNA	# 440.400	#50.500	(\$0.00.050)	070/
1	Inpatient Charges	\$413,189	\$52,536	(\$360,653)	-87%
2	Inpatient Payments	\$163,128	\$10,091	(\$153,037)	-94%
3	Outpatient Charges	\$1,768,925	\$377,848	(\$1,391,077)	-79%
4	Outpatient Payments	\$396,893	\$230,517	(\$166,376)	-42%
5	Discharges	33	4	(29)	-88%
6	Patient Days	109	13	(96)	-88%
7 8	Outpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	818 646	201 166	(617) (480)	-75% -74%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	16	4	(12)	-74% -75%
Э	TOTAL INPATIENT & OUTPATIENT	10	4	(12)	-13/6
	CHARGES	\$2,182,114	\$430.384	(\$1,751,730)	-80%
	TOTAL INPATIENT & OUTPATIENT	ΨΣ,10Σ,114	ψ+30,304	(ψ1,731,730)	0070
	PAYMENTS	\$560,021	\$240,608	(\$319,413)	-57%
TT	TOTAL MEDICAID MANACED CARE				
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$4,424,570	\$1,492,140	(\$2,932,430)	-66%
	TOTAL INPATIENT PAYMENTS	\$2,035,784	\$408,364	(\$1,627,420)	-80%
	TOTAL OUTPATIENT CHARGES	\$7,254,770	\$2,122,969	(\$5,131,801)	-71%
	TOTAL OUTPATIENT PAYMENTS	\$1,867,045	\$1,318,507	(\$548,538)	-29%
	TOTAL DISCHARGES	427	107	(320)	-75%
	TOTAL PATIENT DAYS	1,501	478	(1,023)	-68%
	TOTAL OUTPATIENT VISITS				
	(EXCLUDES ED VISITS)	3,919	1,027	(2,892)	-74%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	3,085	983	(2,102)	-68%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	181	152	(29)	-16%
	TOTAL INPATIENT & OUTPATIENT		AA A	/	
	CHARGES	\$11,679,340	\$3,615,109	(\$8,064,231)	-69%
	TOTAL INPATIENT & OUTPATIENT	#0.000.00	A4 700 07:	(60 475 050)	= 0.0
	PAYMENTS	\$3,902,829	\$1,726,871	(\$2,175,958)	-56%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE

	JOHNSON MEM	ORIAL MEDICAL CEN	ITER, INC.				
	TWELVE	MONTHS ACTUAL FIL	ING				
		FISCAL YEAR 2012					
	REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3)	(4)	(5)	(6)		
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE		
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE		
l.	<u>ASSETS</u>						
A.	Current Assets:						
1	Cash and Cash Equivalents	\$1,301,545	\$1,246,131	(\$55,414)	-4%		
2	Short Term Investments	\$0	\$0	\$0	0%		
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,229,184	\$11,049,711	\$820,527	8%		
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%		
5	Due From Affiliates	\$0	\$0	\$0	0%		
6	Due From Third Party Payers	\$0	\$0	\$0	0%		
7	Inventories of Supplies	\$1,216,495	\$1,254,591	\$38,096	3%		
8	Prepaid Expenses	\$1,443,399	\$1,254,591	(\$301,170)			
9	Other Current Assets	\$1,630,535	\$708,207	(\$922,328)	-57%		
9	Total Current Assets	\$15,821,158	\$15,400,869	(\$420,289)	-37% -3%		
	Total Current Assets	\$13,021,130	\$13,400,009	(\$420,209)	-5 /6		
В.	Noncurrent Assets Whose Use is Limited:						
1	Held by Trustee	\$4,177,049	\$4,648,810	\$471,761	11%		
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%		
3	Funds Held in Escrow	\$517,407	\$363,097	(\$154,310)	-30%		
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%		
4	Total Noncurrent Assets Whose Use is	φυ	Φ0	φυ	076		
	Limited:	\$4,694,456	\$5,011,907	\$317,451	7%		
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%		
6	Long Term Investments	\$2,864,885	\$3,115,139	\$250,254	9%		
7	Other Noncurrent Assets	\$1,120,502	\$932,644	(\$187,858)	-17%		
C.	Net Fixed Assets:		400.000.000	*			
1	Property, Plant and Equipment	\$89,090,624	\$89,206,505	\$115,881	0%		
2	Less: Accumulated Depreciation	\$53,104,766	\$56,237,679	\$3,132,913	\$0		
	Property, Plant and Equipment, Net	\$35,985,858	\$32,968,826	(\$3,017,032)	-8%		
3	Construction in Progress	\$0	\$0	\$0	0%		
	Total Net Fixed Assets	\$35,985,858	\$32,968,826	(\$3,017,032)	-8%		
	Total Assets	\$60,486,859	\$57,429,385	(\$3,057,474)	-5%		
	Total Assets	\$60,486,859	\$57,429,385	(\$3,057,474)			

	JOHNSON MEN	IORIAL MEDICAL CENT	ER, INC.				
	TWELVE	MONTHS ACTUAL FILIN	IG				
	FISCAL YEAR 2012						
	REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2) DESCRIPTION	(3) FY 2011 ACTUAL	(4) FY 2012 <u>ACTUAL</u>	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE		
	LIABILITIES AND NET ASSETS			<u> </u>	<u> </u>		
A.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$4,221,618	\$4,846,437	\$624,819	15%		
2	Salaries, Wages and Payroll Taxes	\$2,694,192	\$3,018,255	\$324,063	12%		
3	Due To Third Party Payers	\$1,560,762	\$1,494,268	(\$66,494)	-4%		
4	Due To Affiliates	\$0	\$0	\$0	0%		
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%		
6	Current Portion of Notes Payable	\$1,221,003	\$1,107,768	(\$113,235)	-9%		
7	Other Current Liabilities	\$6,663,792	\$5,471,754	(\$1,192,038)	-18%		
	Total Current Liabilities	\$16,361,367	\$15,938,482	(\$422,885)	-3%		
В.	Long Term Debt:						
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%		
2	Notes Payable (Net of Current Portion)	\$29,637,852	\$28,704,541	(\$933,311)	-3%		
	Total Long Term Debt	\$29,637,852	\$28,704,541	(\$933,311)	-3%		
3	Accrued Pension Liability	\$0	\$0	\$0	0%		
4	Other Long Term Liabilities	\$9,081,856	\$9,194,576	\$112,720	1%		
	Total Long Term Liabilities	\$38,719,708	\$37,899,117	(\$820,591)	-2%		
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	\$873,482	(\$1,339,902)	(\$2,213,384)	-253%		
2	Temporarily Restricted Net Assets	\$352,758	\$301,374	(\$51,384)	-15%		
3	Permanently Restricted Net Assets	\$4,179,544	\$4,630,314	\$450,770	11%		
	Total Net Assets	\$5,405,784	\$3,591,786	(\$1,813,998)	-34%		
	Total Liabilities and Net Assets	\$60,486,859	\$57,429,385	(\$3,057,474)	-5%		

	IWELVE	MONTHS ACTUAL	FILING						
		FISCAL YEAR 2012	2						
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION									
(1)	(2)	(3)	(4)	(5)	(6)				
LINE	DESCRIPTION	FY 2011	FY 2012	AMOUNT	%				
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE				
Α.	Operating Revenue:								
1	Total Gross Patient Revenue	\$190,956,963	\$193,741,543	\$2,784,580	1%				
2	Less: Allowances	\$101,764,243	\$100,767,552	(\$996,691)	-1%				
3	Less: Charity Care	\$491,100	\$103,541	(\$387,559)	-79%				
4	Less: Other Deductions	\$0	\$0	\$0	0%				
	Total Net Patient Revenue	\$88,701,620	\$92,870,450	\$4,168,830	5%				
5	Other Operating Revenue	\$1,570,126	\$848,902	(\$721,224)	-46%				
	o mor operating from one	\$1,010,120	ψο .ο,οοΞ	(4:=:,==:)					
6	Net Assets Released from Restrictions	\$63,054	\$48,084	(\$14,970)	-24%				
	Total Operating Revenue	\$90,334,800	\$93,767,436	\$3,432,636	4%				
В.	Operating Expenses:								
1	Salaries and Wages	\$45,145,266	\$45,315,556	\$170,290	0%				
2	Fringe Benefits	\$11,155,849	\$11,118,403	(\$37,446)	0%				
3	Physicians Fees	\$493,797	\$995,970	\$502,173	102%				
4	Supplies and Drugs	\$8,689,407	\$8,907,808	\$218,401	3%				
5	Depreciation and Amortization	\$4,493,989	\$4,373,638	(\$120,351)	-3%				
6	Bad Debts	\$2,626,661	\$3,903,848	\$1,277,187	49%				
7	Interest	\$2,007,104	\$2,070,005	\$62,901	3%				
8	Malpractice	\$729,896	\$736,725	\$6,829	1%				
9	Other Operating Expenses	\$18,219,773	\$19,558,486	\$1,338,713	7%				
	Total Operating Expenses	\$93,561,742	\$96,980,439	\$3,418,697	4%				
	Income/(Loss) From Operations	(\$3,226,942)	(\$3,213,003)	\$13,939	0%				
C.	Non-Operating Revenue:								
1	Income from Investments	\$111,297	\$194,132	\$82,835	74%				
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%				
3	Other Non-Operating Gains/(Losses)	\$0	\$253,450	\$253,450	0%				
	Total Non-Operating Revenue	\$111,297	\$447,582	\$336,285	302%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$3,115,645)	(\$2,765,421)	\$350,224	-11%				
	Other Adjustments:								
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%				
	All Other Adjustments	\$1,094,678	\$0	(\$1,094,678)	-100%				
	Total Other Adjustments	\$1,094,678	\$0	(\$1,094,678)	-100%				

JOHNSON MEMORIAL MEDICAL CENTER, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	ACTUAL	
LINE	DESCRIPTION	<u>FY 2010</u>	FY 2011	FY 2012	
A.	Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$89,148,038	\$88,701,620	\$92,870,450	
2	Other Operating Revenue	1,507,077	1,633,180	896,986	
3	Total Operating Revenue	\$90,655,115	\$90,334,800	\$93,767,436	
4	Total Operating Expenses	97,303,163	93,561,742	96,980,439	
5	Income/(Loss) From Operations	(\$6,648,048)	(\$3,226,942)	(\$3,213,003)	
6	Total Non-Operating Revenue	33,842,025	1,205,975	447,582	
7	Excess/(Deficiency) of Revenue Over Expenses	\$27,193,977	(\$2,020,967)	(\$2,765,421)	
В.	Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-5.34%	-3.53%	-3.41%	
2	Parent Corporation Non-Operating Margin	27.18%	1.32%	0.48%	
3	Parent Corporation Total Margin	21.84%	-2.21%	-2.94%	
4	Income/(Loss) From Operations	(\$6,648,048)	(\$3,226,942)	(\$3,213,003)	
5	Total Operating Revenue	\$90,655,115	\$90,334,800	\$93,767,436	
6	Total Non-Operating Revenue	\$33,842,025	\$1,205,975	\$447,582	
7	Total Revenue	\$124,497,140	\$91,540,775	\$94,215,018	
8	Excess/(Deficiency) of Revenue Over Expenses	\$27,193,977	(\$2,020,967)	(\$2,765,421)	
C.	Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$2,894,449	\$873,482	-\$1,339,902	
2	Parent Corporation Total Net Assets	\$7,232,493	\$5,405,784	\$3,591,786	
3	Parent Corporation Change in Total Net Assets	\$22,100,836	(\$1,826,709)	(\$1,813,998)	
4	Parent Corporation Change in Total Net Assets %	-48.6%	-25.3%	-33.6%	

JOHNSON MEMORIAL MEDICAL CENTER, INC. TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)		(4)		(5)
		ACTUAL		ACTUAL		ACTUAL
LINE	DESCRIPTION	FY 2010		FY 2011		FY 2012
D.	<u>Liquidity Measures Summary</u>					
1	Current Ratio	0.9	6	0.97		0.97
2	Total Current Assets	\$20,051,72	2	\$15,821,158		\$15,400,869
3	Total Current Liabilities	\$20,936,99	8	\$16,361,367		\$15,938,482
4	Days Cash on Hand	2	3	5		5
5	Cash and Cash Equivalents	\$5,926,27	5	\$1,301,545		\$1,246,131
6	Short Term Investments		0	0		0
7	Total Cash and Short Term Investments	\$5,926,27	5	\$1,301,545		\$1,246,131
8	Total Operating Expenses	\$97,303,16	3	\$93,561,742		\$96,980,439
9	Depreciation Expense	\$4,439,18	4	\$4,493,989		\$4,373,638
10	Operating Expenses less Depreciation Expense	\$92,863,97	9	\$89,067,753		\$92,606,801
11	Days Revenue in Patient Accounts Receivable		40	36		38
12	Net Patient Accounts Receivable	\$ 11,163,87	4 \$	10,229,184	\$	11,049,711
13	Due From Third Party Payers	\$	0	\$0		\$0
14	Due To Third Party Payers	\$1,323,23	9	\$1,560,762		\$1,494,268
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,840,63	5 \$	8,668,422	\$	9,555,443
16	Total Net Patient Revenue	\$89,148,03		\$88,701,620		\$92,870,450
17	Average Payment Period		B2	67		63
18	Total Current Liabilities	\$20,936,99	8	\$16,361,367		\$15,938,482
19	Total Operating Expenses	\$97,303,16	3	\$93,561,742		\$96,980,439
20	Depreciation Expense	\$4,439,1	34	\$4,493,989		\$4,373,638
21	Total Operating Expenses less Depreciation Expense	\$92,863,97	9	\$89,067,753		\$92,606,801

JOHNSON MEMORIAL MEDICAL CENTER, INC. **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (1) (2) (3) (4) (5) **ACTUAL ACTUAL** ACTUAL LINE DESCRIPTION FY 2010 FY 2011 FY 2012 E. Solvency Measures Summary 10.5 **Equity Financing Ratio** 8.9 6.3 Total Net Assets \$7,232,493 \$5,405,784 \$3,591,786 Total Assets \$68,567,715 \$60,486,859 \$57,429,385 4 **Cash Flow to Total Debt Ratio** 60.6 5.4 3.6 5 Excess/(Deficiency) of Revenues Over Expenses \$27,193,977 (\$2,020,967)(\$2,765,421)6 Depreciation Expense \$4,439,184 \$4,373,638 \$4,493,989 Excess of Revenues Over Expenses and Depreciation Expense \$31,633,161 \$2,473,022 \$1,608,217 \$15,938,482 Total Current Liabilities \$20,936,998 \$16,361,367 Total Long Term Debt \$31,240,361 \$29,637,852 \$28,704,541 10 Total Current Liabilities and Total Long Term Debt \$52,177,359 \$44,643,023 \$45,999,219 11 Long Term Debt to Capitalization Ratio 81.2 84.6 88.9 12 Total Long Term Debt \$31,240,361 \$29,637,852 \$28,704,541 13 Total Net Assets \$7,232,493 \$5,405,784 \$3,591,786

14 Total Long Term Debt and Total Net Assets

\$38,472,854

\$32,296,327

\$35,043,636

		IOHNS	ON MEMORIAL HO	SDITAI	1		1	
			MONTHS ACTUAL					
		1442242	FISCAL YEAR 20					
-	REPORT 40	0 - HOSPITAL IN	PATIENT BED UTIL		PARTMENT			
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
, ,	, ,	, ,	DISCHARGES	` ,	, ,	, ,	OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	<u>DAYS</u>	# PATIENT		BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>
1	Adult Medical/Surgical	10,389	2,278	2,301	42	56	67.8%	50.8%
		1.011	121		_	_	00.50/	.= -0/
2	ICU/CCU (Excludes Neonatal ICU)	1,214	121	0	5	7	66.5%	47.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,537	551	541	17	20	57.0%	48.5%
	TOTAL PSYCHIATRIC	3,537	551	541	17	20	57.0%	48.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	590	213	213	4	6	40.4%	26.9%
7	Newborn	459	209	211	4	6	31.4%	21.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
		.=						
	TOTAL EXCLUDING NEWBORN	15,730	3,042	3,055	68	89	63.4%	48.4%
	TOTAL INPATIENT BED UTILIZATION	16,189	3,251	3,266	72	95	61.6%	46.7%
	TOTAL INPATIENT REPORTED YEAR	16,189	3,251	3,266	72	95	61.6%	46.7%
-	TOTAL INPATIENT REPORTED TEAR TOTAL INPATIENT PRIOR YEAR	15,790	3,268	3,273	72	95	60.1%	45.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	399	-17	-7	0	0	1.5%	1.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	3%	-1%	0%	0%	0%	3%	3%
		3 /6	-1 /6	0 /8	0 /8	0 /8	3 /6	3 /0
	Total Licensed Beds and Bassinets	101						
(A) T	his number may not exceed the number of avail	able beds for ea	ch department or i	n total.				
Note	: Total discharges do not include ICU/CCU patie	ents.						

		SON MEMORIAL HOSE E MONTHS ACTUAL F			
		FISCAL YEAR 2012			
	REPORT 450 - HOSPITAL INPATIENT AN	ND OUTPATIENT OTH	IER SERVICES UTIL	IZATION AND FTES	3
(1)	(2)	(3)	(4)	(5)	(6)
		AOTUAL	ACTUAL	AMOUNT	0/
LINIE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
Α.	CT Scans (A)				
<u>7.</u>	Inpatient Scans	1,890	1,631	-259	-149
<u> </u>	Outpatient Scans (Excluding Emergency Department	1,000	1,001	200	1-1
2	Scans)	1,824	1,665	-159	-99
3	Emergency Department Scans	3,887	3,538	-349	-9'
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0'
	Total CT Scans	7,601	6,834	-767	-10
B.	MRI Scans (A)				
1	Inpatient Scans	120	133	13	11
2	Outpatient Scans (Excluding Emergency Department	4 070	4.054	00	0
3	Scans) Emergency Department Scans	1,376 15	1,354 24	-22 9	-2°
<u>3</u> 4	Other Non-Hospital Providers' Scans (A)	15	0	0	0'
<u>-r</u>	Total MRI Scans	1,511	1,511	0	0
		1,011	.,011		
C.	PET Scans (A)				
1	Inpatient Scans	0	0	0	0'
	Outpatient Scans (Excluding Emergency Department				
2	Scans)	0	0	0	0'
3	Emergency Department Scans	0	0	0	0
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0'
	Total PET Scans	0	0	0	0
	DETION OF THE (A)				
	PET/CT Scans (A)	0	0	0	0
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	0	0	0	0'
2	Scans)	0	0	0	0
3	Emergency Department Scans	0	0	0	0'
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0
	Total PET/CT Scans	0	0	0	0
	(A) If the Hospital is not the primary provider of the			scal year	
	volume of each of these types of scans from the	e primary provider of	the scans.		
	Linear Accelerator Procedures	0	0	0	0
<u>1</u> 2	Inpatient Procedures Outpatient Procedures	0	0	0	0'
	Total Linear Accelerator Procedures	0	0	0	<u>0</u>
			<u>_</u>	•	
F.	Cardiac Catheterization Procedures				
1	Inpatient Procedures	0	0	0	0'
2	Outpatient Procedures	0	0	0	0'
	Total Cardiac Catheterization Procedures	0	0	0	0
					-
	Cardiac Angioplasty Procedures				
	ID: D	0	0	0	0'
1	Primary Procedures	1	Δ.	0	0
	Elective Procedures	0	0		_
1		0 0	0	0	0
1 2	Elective Procedures Total Cardiac Angioplasty Procedures				0
1 2 H.	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies	0	0	0	
1 2 H. 1	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies	0	0	0	0
1 2 H.	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies	0	0	0	0
1 2 H. 1	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies	0	0 0	0 0	0
1 2 H. 1	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies	0	0 0	0 0	0
1 2 H. 1 2	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies	0	0 0	0 0	0 0 0 0
H. 1 2	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures Inpatient Surgical Procedures Outpatient Surgical Procedures	0 0 0 0	0 0 0 0 554 2,016	0 0 0 0	0' 0 0
1 2 H. 1 2	Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures Inpatient Surgical Procedures	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0

		ON MEMORIAL HOSPI			
	TWELVE	MONTHS ACTUAL FIL	LING		
	DEPORT (50 LIGORITAL INDATIFATAN	FISCAL YEAR 2012	D 0551/1050 HTM	7471011 411D FTF	
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTHE	R SERVICES UTILI	ZATION AND FTES	}
(1)	(2)	(2)	(4)	(5)	(6)
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	130	97	-33	-25%
	Outpatient Endoscopy Procedures	1,809	2,201	392	22%
	Total Endoscopy Procedures	1,939	2,298	359	19%
	Hospital Emergency Room Visits				
	Emergency Room Visits: Treated and Admitted	2,686	2,537	-149	-6%
2	Emergency Room Visits: Treated and Discharged	17,435	18,145	710	4%
	Total Emergency Room Visits	20,121	20,682	561	3%
L.	Hospital Clinic Visits				
	Substance Abuse Treatment Clinic Visits	0	0	0	0%
	Dental Clinic Visits	0	0	0	0%
	Psychiatric Clinic Visits	0	0	0	0%
	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
М.	Other Hospital Outpatient Visits				
	Rehabilitation (PT/OT/ST)	1,180	1,923	743	63%
2	Cardiology	1,325	1,504	179	149
3	Chemotherapy	1,427	1,975	548	38%
4	Gastroenterology	1,287	1,002	-285	-22%
5	Other Outpatient Visits	75,544	76,147	603	1%
	Total Other Hospital Outpatient Visits	80,763	82,551	1,788	2%
N.	Hospital Full Time Equivalent Employees				
	Total Nursing FTEs	119.6	118.7	-0.9	-1%
	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	343.9	345.5	1.6	0%
_	Total Hospital Full Time Equivalent Employees	463.5	464.2	0.7	0%

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION (1) (2) (3) (4) (5) (6) ACTUAL ACTUAL **AMOUNT** % DIFFERENCE DIFFERENCE LINE DESCRIPTION FY 2011 FY 2012 A. **Outpatient Surgical Procedures** Johnson Memorial Hospital 804 845 41 5% Offsite Surgery Department - Enfield, CT 1,479 -308 -21% 2 1,171 Total Outpatient Surgical Procedures(A) 2,283 2,016 -267 -12% **Outpatient Endoscopy Procedures** В. Johnson Memorial Hospital 1,244 1,271 27 2% Offsite Surgical Department - Enfield, CT 565 930 365 65% Total Outpatient Endoscopy Procedures(B) 1,809 2,201 392 22% **Outpatient Hospital Emergency Room Visits** C. 1 Johnson Memorial Hospital 17,435 18,145 710 4% Total Outpatient Hospital Emergency Room Visits(17,435 18,145 710 4% (A) Must agree with Total Outpatient Surgical Procedures on Report 450. (B) Must agree with Total Outpatient Endoscopy Procedures on Report 450. (C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS							
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE			
	DATA BY MA IOR BAYER CATEGORY							
I.	DATA BY MAJOR PAYER CATEGORY							
A.	MEDICARE							
	MEDICARE INPATIENT							
	INPATIENT ACCRUED CHARGES	\$39,549,056	\$39,724,495	\$175,439	09			
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,745,330	\$15,012,920	\$267,590	29			
	INPATIENT PAYMENTS / INPATIENT CHARGES	37.28%	37.79%	0.51%	19			
	DISCHARGES	1,616	1,601	(15)	-19			
	CASE MIX INDEX (CMI)	1.36050	1.32250	(0.03800)	-39			
	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,198.56800	2,117.32250	(81.24550)	-49			
	INPATIENT ACCRUED PAYMENT / CMAD	\$6,706.79	\$7,090.52	\$383.73	69			
	PATIENT DAYS	9,180	9,242	62	19			
_	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,606.25	\$1,624.42	\$18.18	11			
10	AVERAGE LENGTH OF STAY	5.7	5.8	0.1	29			
	MEDICARE OUTPATIENT							
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,174,803	\$29,240,458	\$65,655	09			
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,285,506	\$9,656,813	\$2,371,307	339			
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.97%	33.03%	8.05%	329			
	OUTPATIENT CHARGES / INPATIENT CHARGES	73.77%	73.61%	-0.16%	09			
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,192.10131	1,178.46616	(13.63515)	-19			
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,111.48	\$8,194.39	\$2,082.91	349			
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)							
17	TOTAL ACCRUED CHARGES	\$68,723,859	\$68,964,953	\$241,094	0%			
18	TOTAL ACCRUED PAYMENTS	\$22,030,836	\$24,669,733	\$2,638,897	129			
19	TOTAL ALLOWANCES	\$46,693,023	\$44,295,220	(\$2,397,803)	-5%			

REPORT 500 34 of 56 9/11/2013, 8:09 AM

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	IVE ANALYS	15	
		ACTUAL	ACTUAL	AMOUNT	0/
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON-GOVERNMENT INPATIENT				
	INPATIENT ACCRUED CHARGES	\$14,748,364	\$15,559,054	\$810,690	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,431,564	\$8,489,972	\$1,058,408	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.39%	54.57%	4.18%	8%
4	DISCHARGES	979	985	6	1%
5	CASE MIX INDEX (CMI)	1.02030	1.03942	0.01912	2%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	998.87370	1,023.82870	24.95500	2%
	INPATIENT ACCRUED PAYMENT / CMAD	\$7,439.94	\$8,292.38	\$852.43	11%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$733.16)	(\$1,201.85)	(\$468.70)	64%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$732,330)	(\$1,230,493)		68%
	PATIENT DAYS	3,704	3,951	247	7%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,006.36	\$2,148.82	\$142.45	7%
12	AVERAGE LENGTH OF STAY	3.8	4.0	0.2	6%
					2,0
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,705,243	\$43,029,416	(\$675,827)	-2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,803,326	\$22,273,804	(\$1,529,522)	-6%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.46%	51.76%	,	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	296.34%	276.56%	-19.78%	-7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,901.16469	2,724.07145	(177.09324)	-6%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,204.75	\$8,176.66	(\$28.09)	0%
	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,093.27)	\$17.73	\$2,111.00	-101%
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,072,910)	\$48,304	\$6,121,213	-101%
		(40,01=,010)	* · · · · · · · · · · · · · · · · · · ·	40,121,210	,.
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$58,453,607	\$58,588,470	\$134,863	0%
22	TOTAL ACCRUED PAYMENTS	\$31,234,890	\$30,763,776	(\$471,114)	-2%
23	TOTAL ALLOWANCES	\$27,218,717	\$27,824,694	\$605,977	2%
		Ψ2.,2.0,	ψ <u>2</u> 7,0 <u>2</u> 1,001	φοσο,σ	270
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,805,239)	(\$1,182,189)	\$5,623,050	-83%
	C / C	(41,111,200)	(+ -, - ==, -00)	42,222,000	0070
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$58,453,607	\$58,588,470	\$134,863	0%
	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$31,234,890	\$30,763,776	(\$471,114)	-2%
-	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$0.,20.,000	ψου,. σο,110	(Ψ,114)	270
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,218,717	\$27,824,694	\$605.977	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.56%	47.49%	* / -	270

REPORT 500 35 of 56 9/11/2013, 8:09 AM

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$653,864	\$1,122,051	\$468,187	72%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$55,783	\$14,045	(\$41,738)	-75%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	8.53%	1.25%	-7.28%	-85%
4	DISCHARGES	52	76	24	46%
5	CASE MIX INDEX (CMI)	0.92350	0.97610	0.05260	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	48.02200	74.18360	26.16160	54%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,161.61	\$189.33	(\$972.29)	-84%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,278.33	\$8,103.05	\$1,824.72	29%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,545.17	\$6,901.19	\$1,356.02	24%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$266,290	\$511,955	\$245,665	92%
11	PATIENT DAYS	169	318	149	88%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$330.08	\$44.17	(\$285.91)	-87%
13	AVERAGE LENGTH OF STAY	3.3	4.2	0.9	29%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,938,061	\$2,070,919	\$132,858	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$147,470	\$108,242	(\$39,228)	-27%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.61%	5.23%	-2.38%	-31%
	OUTPATIENT CHARGES / INPATIENT CHARGES	296.40%	184.57%	-111.84%	-38%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	154.12864	140.26978	(13.85887)	-9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$956.80	\$771.67	(\$185.13)	-19%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,247.95	\$7,404.99	\$157.04	2%
	MEDICARE - UNINSURED OP PMT / OPED	\$5,154.68	\$7,422.72	\$2,268.04	44%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$794,484	\$1,041,183	\$246,699	31%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,591,925	\$3,192,970	\$601,045	23%
24	TOTAL ACCRUED PAYMENTS	\$203,253	\$122,287	(\$80,966)	-40%
25	TOTAL ALLOWANCES	\$2,388,672	\$3,070,683	\$682,011	29%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,060,775	\$1,553,139	\$492,364	46%

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
	INPATIENT ACCRUED CHARGES	\$8,565,373	\$9,988,388	\$1,423,015	17%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,558,626	\$3,385,438	\$826,812	32%
	INPATIENT PAYMENTS / INPATIENT CHARGES	29.87%	33.89%	4.02%	13%
	DISCHARGES	643	646	3	0%
	CASE MIX INDEX (CMI)	0.84913	0.97485	0.12572	15%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	545.99059	629.75310	83.76251	15%
	INPATIENT ACCRUED PAYMENT / CMAD	\$4,686.21	\$5,375.82	\$689.61	15%
	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,753.73	\$2,916.56	\$162.82	6%
	MEDICARE - MEDICAID IP PMT / CMAD	\$2,020.58	\$1,714.70	(\$305.88)	-15%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,103,217	\$1,079,840	(\$23,378)	-2%
	PATIENT DAYS	2,813	2,904	91	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$909.57	\$1,165.78	\$256.21	28%
13	AVERAGE LENGTH OF STAY	4.4	4.5	0.1	3%
	MEDICAID OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,050,752	\$14,252,955	\$2,202,203	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,958,028	\$3,710,813	\$752,785	25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.55%	26.04%	1.49%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	140.69%	142.70%	2.00%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	904.64636	921.81130	17.16494	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,269.82	\$4,025.57	\$755.75	23%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,934.93	\$4,151.09	(\$783.84)	-16%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,841.67	\$4,168.82	\$1,327.16	47%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,570,702	\$3,842,870	\$1,272,167	49%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$20,616,125	\$24,241,343	\$3,625,218	18%
24	TOTAL ACCRUED PAYMENTS	\$5,516,654	\$7,096,251	\$1,579,597	29%
25	TOTAL ALLOWANCES	\$15,099,471	\$17,145,092	\$2,045,621	14%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,673,919	\$4,922,709	\$1,248,790	34%

REPORT 500 37 of 56 9/11/2013, 8:09 AM

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
-	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
	DISCHARGES	-	-	-	0%
	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$7,439.94	\$8,292.38	\$852.43	11%
	MEDICARE - O.M.A. IP PMT / CMAD	\$6,706.79	\$7,090.52	\$383.73	6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	PATIENT DAYS	0	0	-	0%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$8,204.75	\$8,176.66	(\$28.09)	0%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,111.48	\$8,194.39	\$2,082.91	34%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
			*-	**	

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDI	CAL ASSISTANCE)			
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$8,565,373	\$9,988,388	\$1,423,015	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,558,626	\$3,385,438	\$826,812	32%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.87%	33.89%	4.02%	13%
4	DISCHARGES	643	646	3	0%
5	CASE MIX INDEX (CMI)	0.84913	0.97485	0.12572	15%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	545.99059	629.75310	83.76251	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,686.21	\$5,375.82	\$689.61	15%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,753.73	\$2,916.56	\$162.82	6%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,020.58	\$1,714.70	(\$305.88)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,103,217	\$1,079,840	(\$23,378)	-2%
11	PATIENT DAYS	2,813	2,904	91	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$909.57	\$1,165.78	\$256.21	28%
13	AVERAGE LENGTH OF STAY	4.4	4.5	0.1	3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,050,752	\$14,252,955	\$2,202,203	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,958,028	\$3,710,813	\$752,785	25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.55%	26.04%	1.49%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	140.69%	142.70%	2.00%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	904.64636	921.81130	17.16494	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,269.82	\$4,025.57	\$755.75	23%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,934.93	\$4,151.09	(\$783.84)	-16%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,841.67	\$4,168.82	\$1,327.16	47%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,570,702	\$3,842,870	\$1,272,167	49%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$20,616,125	\$24,241,343	\$3,625,218	18%
24	TOTAL ACCRUED PAYMENTS	\$5,516,654	\$7,096,251	\$1,579,597	29%
25	TOTAL ALLOWANCES	\$15,099,471	\$17,145,092	\$2,045,621	14%

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT DA	ATA: COMPAKAT	IVE ANAL 13	13	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$400,272	\$342,847	(\$57,425)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$152,747	\$152,368	(\$379)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.16%	44.44%	6.28%	16%
4	DISCHARGES	30	19	(11)	-37%
5	CASE MIX INDEX (CMI)	0.91880	1.12230	0.20350	22%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27.56400	21.32370	(6.24030)	-23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,541.54	\$7,145.48	\$1,603.94	29%
8	PATIENT DAYS	93	92	(1)	-1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,642.44	\$1,656.17	\$13.73	1%
10	AVERAGE LENGTH OF STAY	3.1	4.8	1.7	56%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$588,682	\$542,027	(\$46,655)	-8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$236,977	\$157,690	(\$79,287)	-33%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$988,954	\$884,874	(\$104,080)	-11%
14	TOTAL ACCRUED PAYMENTS	\$389,724	\$310,058	(\$79,666)	-20%
15	TOTAL ALLOWANCES	\$599,230	\$574,816	(\$24,414)	-4%
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$1,209,809	\$282,934	(\$926,875)	-77%
2	TOTAL OPERATING EXPENSES	\$61,577,163	\$65,981,058	\$4,403,895	7%
	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$465,816	\$193,108	(\$272,708)	-59%
	BAD DEBTS (CHARGES)	\$2,141,072	\$3,564,251	\$1,423,179	66%
	UNCOMPENSATED CARE (CHARGES)	\$2,606,888	\$3,757,359	\$1,150,471	44%
	COST OF UNCOMPENSATED CARE	\$991,105	\$1,453,986	\$462,880	47%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)				
	TOTAL ACCRUED CHARGES	\$20,616,125	\$24,241,343	\$3,625,218	18%
	TOTAL ACCRUED PAYMENTS	\$5,516,654	\$7,096,251	\$1,579,597	29%
	COST OF TOTAL MEDICAL ASSISTANCE	\$7,837,986	\$9,380,675	\$1,542,689	20%
	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,321,332	\$2,284,424	(\$36,908)	-2%

REPORT 500 40 of 56 9/11/2013, 8:09 AM

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
II.	AGGREGATE DATA				
A.	TOTALS - ALL PAYERS				
	TOTAL INPATIENT CHARGES	\$63,263,065	\$65,614,784	\$2,351,719	4%
2	TOTAL INPATIENT PAYMENTS	\$24,888,267	\$27,040,698	\$2,152,431	9%
	TOTAL INPATIENT PAYMENTS / CHARGES	39.34%	41.21%	1.87%	5%
4	TOTAL DISCHARGES	3,268	3,251	(17)	-1%
5	TOTAL CASE MIX INDEX	1.15392	1.16648	0.01256	1%
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,770.99629	3,792.22800	21.23171	1%
7	TOTAL OUTPATIENT CHARGES	\$85,519,480	\$87,064,856	\$1,545,376	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	135.18%	132.69%	-2.49%	-2%
9	TOTAL OUTPATIENT PAYMENTS	\$34,283,837	\$35,799,120	\$1,515,283	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.09%	41.12%	1.03%	3%
11	TOTAL CHARGES	\$148,782,545	\$152,679,640	\$3,897,095	3%
12	TOTAL PAYMENTS	\$59,172,104	\$62,839,818	\$3,667,714	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	39.77%	41.16%	1.39%	3%
14	PATIENT DAYS	15,790	16,189	399	3%
B.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$48,514,701	\$50,055,730	\$1,541,029	3%
2	INPATIENT PAYMENTS	\$17,456,703	\$18,550,726	\$1,094,023	6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	35.98%	37.06%	1.08%	3%
4	DISCHARGES	2,289	2,266	(23)	-1%
5	CASE MIX INDEX	1.21106	1.22171	0.01065	1%
6	CASE MIX ADJUSTED DISCHARGES	2,772.12259	2,768.39930	(3.72329)	0%
7	OUTPATIENT CHARGES	\$41,814,237	\$44,035,440	\$2,221,203	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	86.19%	87.97%	1.78%	2%
9	OUTPATIENT PAYMENTS	\$10,480,511	\$13,525,316	\$3,044,805	29%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.06%	30.71%	5.65%	23%
	TOTAL CHARGES	\$90,328,938	\$94,091,170	\$3,762,232	4%
	TOTAL PAYMENTS	\$27,937,214	\$32,076,042	\$4,138,828	15%
_	TOTAL PAYMENTS / CHARGES	30.93%	34.09%	3.16%	10%
	PATIENT DAYS	12,086	12,238	152	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$62,391,724	\$62,015,128	(\$376,596)	-1%
	AVERAGE LENGTH OF STAY				
	MEDICARE	5.7	5.8	0.1	2%
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.0	0.2	6%
-	UNINSURED	3.3	4.2	0.9	29%
	MEDICAID	4.4	4.5	0.1	3%
-	OTHER MEDICAL ASSISTANCE	-	-	-	0%
	CHAMPUS / TRICARE	3.1	4.8	1.7	56%
7	TOTAL AVERAGE LENGTH OF STAY	4.8	5.0	0.1	3%

REPORT 500 41 of 56 9/11/2013, 8:09 AM

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT DAT	A. CUMPARAT	IVE ANALTS	13	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$148,782,545	\$152,679,640	\$3,897,095	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$62,391,724	\$62,015,128	(\$376,596)	-1%
	UNCOMPENSATED CARE	\$2,606,888	\$3,757,359	\$1,150,471	.,,,
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,218,717	\$27,824,694	\$605,977	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$92,217,329	\$93,597,181	\$1,379,852	1%
7	TOTAL ACCRUED PAYMENTS	\$56,565,216	\$59,082,459	\$2,517,243	4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$56,565,216	\$59,082,459	\$2,517,243	4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3801871785	0.3869701225	0.0067829440	2%
11	COST OF UNCOMPENSATED CARE	\$991,105	\$1,453,986	\$462,880	47%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,321,332	\$2,284,424	(\$36,908)	-2%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
	TOTAL COST OF UNCOMPENSATED CARE AND	Ψ0	Ψ0	\$ \$	0,0
	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,312,438	\$3,738,410	\$425,972	13%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$2,570,702	\$3,842,870	\$1,272,167	49%
	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,060,775	\$1,553,139	\$492,364	46%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,631,477	\$5,396,008	\$1,764,531	49%
V.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$619,650	\$2,478,602	\$1,858,952	300.00%
-	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$59,791,753	\$65,318,418	\$5,526,665	9.24%
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$148,782,545	\$152,679,640	\$3,897,095	2.62%
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,606,888	\$3,757,359	\$1,150,471	44.13%

REPORT 500 42 of 56 9/11/2013, 8:09 AM

	JOHNSON MEMORIAL HOSPITA	\L	U.	
	TWELVE MONTHS ACTUAL FILIN	IG		
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PA			
	BASELINE UNDERPAYMENT DA	TA		
(1)	(2)	(3)	(4)	(5)
(1)	(2)	(3)	(4)	(3)
		ACTUAL	ACTUAL	AMOUNT
LINE	<u>DESCRIPTION</u>	<u>FY 2011</u>	<u>FY 2012</u>	DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
1.	ACCROED CHARGES AND FATMENTS			
	INPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,748,364	\$15,559,054	\$810,690
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$39,549,056 \$8,565,373	39,724,495 9,988,388	\$175,439 \$1,423,015
4	MEDICAID	\$8,565,373	9,988,388	\$1,423,015
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0	0 342.847	\$0 (\$57.425)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$400,272 \$653,864	1,122,051	\$468,187
	TOTAL INPATIENT GOVERNMENT CHARGES	\$48,514,701	\$50,055,730	\$1,541,029
-	TOTAL INPATIENT CHARGES	\$63,263,065	\$65,614,784	\$2,351,719
В.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,705,243	\$43,029,416	(\$675,827)
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,174,803 \$12,050,752	29,240,458 14.252,955	\$65,655 \$2,202,203
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$12,050,752	14,252,955	\$2,202,203 \$2,202,203
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
	CHAMPUS / TRICARE	\$588,682	542,027	(\$46,655)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT CHARGES	\$1,938,061 \$41,814,237	2,070,919 \$44,035,440	\$132,858 \$2,221,203
	TOTAL OUTPATIENT CHARGES	\$85,519,480	\$87,064,856	\$1,545,376
	TOTAL ACCOUNT CHARGES			
<u>C.</u>	TOTAL ACCRUED CHARGES TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,453,607	\$58,588,470	\$134,863
2	TOTAL MEDICARE	\$68,723,859	\$68,964,953	\$241,094
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,616,125	\$24,241,343	\$3,625,218
<u>4</u> 5	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$20,616,125 \$0	\$24,241,343 \$0	\$3,625,218 \$0
6	TOTAL CHAMPUS / TRICARE	\$988,954	\$884,874	(\$104,080)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,591,925	\$3,192,970	\$601,045
-	TOTAL GOVERNMENT CHARGES TOTAL CHARGES	\$90,328,938 \$148,782,545	\$94,091,170 \$152,679,640	\$3,762,232 \$3,897,095
		\$1.10,1.02,0.10	¥102,010,010	\
	INPATIENT ACCRUED PAYMENTS NON CONFERMMENT (NOULIDING CELE DAY (LININGLIDED)	Φ7.404.504	¢0.400.070	\$4.050.400
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$7,431,564 \$14,745,330	\$8,489,972 15,012,920	\$1,058,408 \$267,590
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,558,626	3,385,438	\$826,812
	MEDICAID OTHER MEDICAL ASSISTANCE	\$2,558,626 \$0	3,385,438	\$826,812 \$0
	CHAMPUS / TRICARE	\$152,747	152,368	(\$379)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$55,783	14,045	(\$41,738)
<u> </u>	TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS	\$17,456,703 \$24,888,267	\$18,550,726 \$27,040,698	\$1,094,023 \$2,152,431
E	I VIAL IN AILENI I AIMENIV	φ24,000,207	φ∠1,040,036	φ <u>ε, 132,431</u>
E.	OUTPATIENT ACCRUED PAYMENTS	400.533.33	000.07	/** =====:
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$23,803,326 \$7,285,506	\$22,273,804 9,656,813	(\$1,529,522) \$2,371,307
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,958,028	3,710,813	\$752,785
	MEDICAID OTHER MEDICAL ACCIOTANCE	\$2,958,028	3,710,813	\$752,785
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0 \$236,977	0 157,690	\$0 (\$79,287)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$147,470	108,242	(\$39,228)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$10,480,511	\$13,525,316	\$3,044,805
\vdash	TOTAL OUTPATIENT PAYMENTS	\$34,283,837	\$35,799,120	\$1,515,283
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$31,234,890	\$30,763,776 \$24,660,733	(\$471,114) \$2,639,907
3	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,030,836 \$5,516,654	\$24,669,733 \$7,096,251	\$2,638,897 \$1,579,597
4	TOTAL MEDICAID	\$5,516,654	\$7,096,251	\$1,579,597
5	TOTAL CHAMBLIS / TRICARE	\$0 \$380.734	\$0 \$310.058	\$0 (\$70,666)
7	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$389,724 \$203,253	\$310,058 \$122,287	(\$79,666) (\$80,966)
	TOTAL GOVERNMENT PAYMENTS	\$27,937,214	\$32,076,042	\$4,138,828
	TOTAL PAYMENTS	\$59,172,104	\$62,839,818	\$3,667,714

	TWEEVE MONTHS ACTUAL FIELDS		0011100111	EMORIAETIOSITI
	JOHNSON MEMORIAL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYME	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
IINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE
	DECORN HON	<u> </u>	1 1 2012	
II.	PAYER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.91%	10.19%	0.28%
	MEDICARE	26.58%	26.02%	-0.56%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.76%	6.54%	0.79%
	MEDICAID OTHER MEDICAL ASSISTANCE	5.76% 0.00%	6.54% 0.00%	0.79% 0.00%
	CHAMPUS / TRICARE	0.00%	0.00%	-0.04%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%	0.73%	0.30%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	32.61%	32.78%	0.18%
	TOTAL INPATIENT PAYER MIX	42.52%	42.98%	0.45%
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.38%	28.18%	-1.19%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.61% 8.10%	19.15% 9.34%	-0.46% 1.24%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.10%	9.34%	1.24%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
	CHAMPUS / TRICARE	0.40%	0.36%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.30%	1.36%	0.05%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX TOTAL OUTPATIENT PAYER MIX	28.10% 57.48%	28.84% 57.02%	0.74% -0.45%
	TOTAL GOTT ATTENTIAL TENTIAL	37.4070	37.0270	0.407
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
U.	INFATIENT FATER WIX BASED ON ACCROED FATMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.56%	13.51%	0.95%
	MEDICARE	24.92%	23.89%	-1.03%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	4.32% 4.32%	5.39% 5.39%	1.06% 1.06%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.26%	0.24%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.09%	0.02%	-0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	29.50% 42.06%	29.52% 43.03%	0.02% 0.97%
	TOTAL INPATIENT PATER WIX	42.00 /8	45.05 /6	0.51 /
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
	NON COVERNMENT (NOUTIDING OF F DAY / INITIAL IDEA)	40.000	05 450	4 = 00
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	40.23% 12.31%	35.45% 15.37%	-4.78% 3.05%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.00%	5.91%	0.91%
4	MEDICAID	5.00%	5.91%	0.91%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.40% 0.25%	0.25% 0.17%	-0.15% -0.08%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	17.71%	21.52%	3.81%
	TOTAL OUTPATIENT PAYER MIX	57.94%	56.97%	-0.97%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	400 000/	100 000/	0.000
	TOTAL FATER WIN DASED ON ACCRUED FATWENTS	100.00%	100.00%	0.00%

-	JOHNSON MEMORIAL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE
Ш.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	D DATA		
Α.	<u>DISCHARGES</u>			
	NON COVEDNMENT (NOLLIDING OFFE DAY (TININGLIDED)	070	205	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	979 1,616	985 1,601	<u>6</u> (15)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	643	646	3
	MEDICAID OTHER MEDICAL ASSISTANCE	643	646 0	3
	CHAMPUS / TRICARE	30	19	(11)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52	76	24
-	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	2,289 3,268	2,266 3,251	(23) (17)
		3,200	3,231	(17)
B.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,704	3,951	247
	MEDICARE	9,180	9,242	62
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	2,813 2,813	2,904 2,904	91 91
	OTHER MEDICAL ASSISTANCE	2,813	2,904	- 91
6	CHAMPUS / TRICARE	93	92	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PATIENT DAYS	169 12,086	318 12,238	149 152
	TOTAL GOVERNMENT PATIENT DATS TOTAL PATIENT DAYS	15,790	16,189	399
			·	
C.	AVERAGE LENGTH OF STAY (ALOS)			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.0	0.2
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.7 4.4	5.8	0.1 0.1
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	4.4	4.5 4.5	0.1
	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1 3.3	4.8 4.2	1.7 0.9
-	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.3	5.4	0.9
	TOTAL AVERAGE LENGTH OF STAY	4.8	5.0	0.1
D.	CASE MIX INDEX			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1.02030 1.36050	1.03942 1.32250	0.01912 (0.03800)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84913	0.97485	0.12572
4	MEDICAID	0.84913	0.97485	0.12572
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00000 0.91880	0.00000 1.12230	0.00000 0.20350
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.92350	0.97610	0.05260
	TOTAL GOVERNMENT CASE MIX INDEX	1.21106	1.22171	0.01065
-	TOTAL CASE MIX INDEX	1.15392	1.16648	0.01256
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$58,453,607	\$58,588,470	\$134,863
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$31,234,890	\$30,763,776	(\$471,114)
\vdash	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,218,717	\$27,824,694	\$605,977
	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.56%	47.49%	0.93%
	EMPLOYEE SELF INSURANCE GROSS REVENUE EMPLOYEE SELF INSURANCE ALLOWANCE	\$0 \$0	\$0 \$0	\$0 \$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT	\$0	\$0	
	ADJUSTMENT-OHCA INPUT)			\$0
	CHARITY CARE	\$465,816 \$2,141,072	\$193,108 \$3,564,251	(\$272,708) \$1,423,170
	BAD DEBTS TOTAL UNCOMPENSATED CARE	\$2,141,072 \$2,606,888	\$3,564,251 \$3,757,359	\$1,423,179 \$1,150,471
11	TOTAL OTHER OPERATING REVENUE	\$58,453,607	\$58,588,470	\$134,863
12	TOTAL OPERATING EXPENSES	\$61,577,163	\$65,981,058	\$4,403,895
1				

	JOHNSON MEMORIAL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	FNT I IMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
	, ,			
		ACTUAL	ACTUAL	AMOUNT
LINE	<u>DESCRIPTION</u>	<u>FY 2011</u>	<u>FY 2012</u>	DIFFERENCE
IV	DSH UPPER PAYMENT LIMIT CALCULATIONS			
17.	DOTTOTT ENTENT CHIMIT GALCOLATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	998.87370	1,023.82870	24.95500
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,198.56800 545.99059	2,117.32250 629.75310	(81.24550 83.76251
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	545.99059	629.75310	83.76251
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
	CHAMPUS / TRICARE	27.56400	21.32370	(6.24030
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	48.02200	74.18360	26.16160
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,772.12259	2,768.39930	(3.72329
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,770.99629	3,792.22800	21.23171
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
В.	OUTFATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,901.16469	2,724.07145	-177.09324
	MEDICARE	1,192.10131	1,178.46616	-13.63515
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	904.64636	921.81130	17.16494
	MEDICAID	904.64636	921.81130	17.1649
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
	CHAMPUS / TRICARE	44.12115	30.03822	-14.08293
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	154.12864 2,140.86883	140.26978 2,130.31568	-13.85887 - 10.5531 4
	TOTAL GOVERNMENT COTFATIENT EQUIVALENT DISCHARGES TOTAL OUTPATIENT EQUIVALENT DISCHARGES	5,042.03352	4,854.38713	-187.64639
	TOTAL CONTINUENT EQUIVALENT BIOGRAMOLO	0,01210002	1,00 11001 10	
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
	NON COVERNMENT (NOT TRING CELE DAY / LINING LIDER)	Ф7 400 04	#0.000.00	COFO 40
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$7,439.94 \$6,706.79	\$8,292.38 \$7,090.52	\$852.43 \$383.73
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,686.21	\$5,375.82	\$689.61
	MEDICAID	\$4,686.21	\$5,375.82	\$689.61
	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
	CHAMPUS / TRICARE	\$5,541.54	\$7,145.48	\$1,603.94
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,161.61	\$189.33	(\$972.29
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,297.23	\$6,700.89	\$403.65
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,599.92	\$7,130.56	\$530.64
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,204.75	\$8,176.66	(\$28.09
	MEDICARE	\$6,111.48	\$8,194.39	\$2,082.91
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,269.82	\$4,025.57	\$755.75
	MEDICAID	\$3,269.82	\$4,025.57	\$755.75
	OTHER MEDICAL ASSISTANCE	\$0.00 \$5.271.05	\$0.00 \$5.249.65	\$0.00
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,371.05 \$956.80	\$5,249.65 \$771.67	(\$121.41 (\$185.13
		ψ300.00	ψι/1.0/	(φ100.13
	ITOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT FOUTVALENT DISCHARGE T			
•	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,895.45	\$6,348.97	\$1,453.53

	JOHNSON MEMORIAL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN			
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
		ACTUAL	ACTUAL	AMOUNT
INE	DESCRIPTION	<u>FY 2011</u>	FY 2012	DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$2,570,702	\$3,842,870	\$1,272,1
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,060,775	\$1,553,139	\$492,3
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,631,477	\$5,396,008	\$1,764,5
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO	DLOGY)		
1	TOTAL CHARGES	\$148,782,545	\$152,679,640	\$3,897,0
2	TOTAL GOVERNMENT DEDUCTIONS	\$62,391,724	\$62,015,128	(\$376,5
4	UNCOMPENSATED CARE TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$2,606,888 \$27,218,717	\$3,757,359 \$27,824,694	\$1,150,4 \$605,9
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	φουσ,
6	TOTAL ADJUSTMENTS	\$92,217,329	\$93,597,181	\$1,379,8
7	TOTAL ACCRUED PAYMENTS	\$56,565,216	\$59,082,459	\$2,517,2
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$56,565,216	\$59,082,459	\$2,517,2
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3801871785	0.3869701225	0.00678294
11	COST OF UNCOMPENSATED CARE	\$991,105	\$1,453,986	\$462,8
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,321,332	\$2,284,424	(\$36,9
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,312,438	\$3,738,410	\$425,9
/II	RATIOS			
V 11.	NATIOO			
Α.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.39%	54.57%	4.1
2	MEDICARE	37.28%	37.79%	0.5
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.87%	33.89%	4.0
4	MEDICAID	29.87%	33.89%	4.0
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.0
6	CHAMPUS / TRICARE	38.16%	44.44%	6.2
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.53%	1.25%	-7.2
7	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
7			37.06%	1.0
7		35.98%		
7	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	35.98% 39.34%	41.21%	1.8
				1.8
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	39.34%	41.21%	
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.34% 54.46%	41.21% 51.76%	-2.7
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	39.34%	41.21%	-2.7 8.0
B. 1 2	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	39.34% 54.46% 24.97%	41.21% 51.76% 33.03%	-2.7 8.0 1.4
B. 1 2 3	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39.34% 54.46% 24.97% 24.55%	51.76% 33.03% 26.04%	-2.7 8.0 1.4
B. 1 2 3 4	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	39.34% 54.46% 24.97% 24.55% 24.55% 0.00% 40.26%	51.76% 33.03% 26.04% 0.00% 29.09%	-2.7 8.0 1.4 1.4 0.0
B. 1 2 3 4 5	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	39.34% 54.46% 24.97% 24.55% 24.55% 0.00%	41.21% 51.76% 33.03% 26.04% 26.04% 0.00%	-2.7 8.0 1.4 1.4 0.0
B. 1 2 3 4 5	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	39.34% 54.46% 24.97% 24.55% 24.55% 0.00% 40.26%	51.76% 33.03% 26.04% 0.00% 29.09%	-2.7 8.0 1.4 1.4 0.0
B. 1 2 3 4 5	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	39.34% 54.46% 24.97% 24.55% 24.55% 0.00% 40.26%	51.76% 33.03% 26.04% 0.00% 29.09%	-2.7 8.0 1.4 1.4 0.0 -11.1 -2.3

	JOHNSON MEMORIAL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2012			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT I IMIT AND		
	BASELINE UNDERPAYMENT DATA	LINI LIMIT AND		
	BASELINE UNDERPATIMENT DATA			
(1)	(2)	(3)	(4)	(5)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	TIONS		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	3		
1	TOTAL ACCRUED PAYMENTS	\$59,172,104	\$62,839,818	\$3,667,714
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)	Φ0	0.0	\$0
	(OHCA INPUT) OHCA DEFINED NET REVENUE	\$0 \$59,172,104	\$0 \$62,839,818	\$3,667,714
	OFICA DEFINED NET REVENUE	\$39,172,104	\$02,039,010	\$3,00 <i>1</i> , <i>1</i> 14
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$619.650	\$2.478.602	\$1,858,952
4	CALCULATED NET REVENUE	\$59,791,754	\$65,318,420	\$5,526,666
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$59,791,753	\$65,318,418	\$5,526,665
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$2	\$1
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
1	OHCA DEFINED GROSS REVENUE	\$148,782,545	\$152,679,640	\$3,897,095
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$148,782,545	\$152,679,640	\$3,697,095 \$0
	CALCULATED GROSS REVENUE	\$148,782,545	\$152,679,640	\$3,897,095
		, , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$148,782,545	\$152,679,640	\$3,897,095
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	ΦU	φu	φυ
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	rs .		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,606,888	\$3,757,359	\$1,150,471
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,000,088	\$0,737,339	\$1,130,471
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,606,888	\$3,757,359	\$1,150,471
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,606,888	\$3,757,359	\$1,150,471
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

	JOHNSON MEMORIAL HOSPITAL					
	TWELVE MONTHS ACTUAL FILING					
	FISCAL YEAR 2012					
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND					
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES					
(4)	(0)	(0)				
(1)	(2)	(3)				
l		ACTUAL				
LINE	DESCRIPTION	FY 2012				
⊢	ACCRUED CHARGES AND DAVMENTS					
I.	ACCRUED CHARGES AND PAYMENTS					
A.	INPATIENT ACCRUED CHARGES					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,559,054				
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39,724,495				
3 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,988,388 9,988,388				
5	OTHER MEDICAL ASSISTANCE	0,000,000				
6	CHAMPUS / TRICARE	342,847				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,122,051				
-	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$50,055,730				
	TOTAL INFATILITY CHARGES	\$65,614,784				
B.	OUTPATIENT ACCRUED CHARGES					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,029,416				
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,240,458				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,252,955 14,252,955				
	OTHER MEDICAL ASSISTANCE	0				
	CHAMPUS / TRICARE	542,027				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,070,919				
-	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$44,035,440 \$87,064,856				
-	TOTAL OUTPATIENT CHARGES	\$67,004,650				
C.	TOTAL ACCRUED CHARGES					
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$58,588,470				
2	TOTAL GOVERNMENT ACCRUED CHARGES	94,091,170				
	TOTAL ACCRUED CHARGES	\$152,679,640				
D.	INPATIENT ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,489,972				
2	MEDICARE	15,012,920				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	3,385,438 3,385,438				
5	OTHER MEDICAL ASSISTANCE	3,363,436				
6	CHAMPUS / TRICARE	152,368				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14,045				
	TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS	\$18,550,726				
-	TOTAL INPATIENT PATMENTS	\$27,040,698				
E.	OUTPATIENT ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,273,804				
2	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,656,813				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	3,710,813 3,710,813				
	OTHER MEDICAL ASSISTANCE	3,710,613				
6	CHAMPUS / TRICARE	157,690				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	108,242				
<u> </u>	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$13,525,316 \$35,700,120				
—	IOTAL OUTFAILENT FATWENTS	\$35,799,120				
	TOTAL ACCRUED PAYMENTS					
	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$30,763,776				
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	32,076,042				
<u> </u>	TOTAL ACCRUED PAYMENTS	\$62,839,818				

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING JOHNSON MEMORIAL HOSPITAL

JOHNSON MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
	FISCAL YEAR 2012					
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND					
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES						
(1)	(2)	(3)				
LINE	DESCRIPTION	ACTUAL FY 2012				
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA					
Α.	ACCRUED DISCHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	985				
2	MEDICARE	1,601				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	646				
4	MEDICAID	646				
5	OTHER MEDICAL ASSISTANCE	0				
6	CHAMPUS / TRICARE	19				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	76				
	TOTAL GOVERNMENT DISCHARGES	2,266				
	TOTAL DISCHARGES	3,251				
В.	CASE MIX INDEX					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03942				
2	MEDICARE	1.32250				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97485				
	MEDICAID	0.97485				
5	OTHER MEDICAL ASSISTANCE	0.00000				
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12230 0.97610				
	TOTAL GOVERNMENT CASE MIX INDEX					
		1.22171				
	TOTAL CASE MIX INDEX	1.16648				
<u>C.</u>	OTHER REQUIRED DATA TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$58,588,470				
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,763,776				
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	φου,του,ττο				
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,824,694				
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.49%				
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0				
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0				
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0				
8	CHARITY CARE	\$193,108				
9	BAD DEBTS	\$3,564,251				
10	TOTAL UNCOMPENSATED CARE	\$3,757,359				
11	TOTAL OTHER OPERATING REVENUE	\$282,934				
	TOTAL OPERATING EXPENSES	\$65,981,058				
		, , , , , , , , , , , , , , , , , , , ,				

LINE DESCRIPTION FY 2012 III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 5 \$62,839,81 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 5 \$62,839,81 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,42 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 5 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 6 CALCULATED GROSS REVENUE 7 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 7 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 8 \$152,679,64 8 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 8 \$152,679,64 9 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 7 STATEMENTS 8 \$152,679,64 9 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 \$152,679,64 9 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 9 \$152,679,64 9 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 9 \$152,679,64 9 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 9 \$152,679,64 9 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 9 \$152,679,64 9 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 1 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 1 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 SA,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) 1 \$3,757,35			
FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (1) (2) (3) ACTUAL LINE DESCRIPTION (7) III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS (562,839,81) 2 PLUS DSH PAYMENTS (562,839,81) 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE (563,318,42) 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) (565,318,42) 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) (565,318,41) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) (8) B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) (8) 1 OHCA DEFINED GROSS REVENUE (8) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE (8) 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) (8) 5152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) (8) C. RECONCILIATION OF OHCA DEFINED GROSS REVENUE (9) 5 (10) 5 (10) 5 (10) 5 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6 (10) 6		JOHNSON MEMORIAL HOSPITAL	
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (1) (2) (3) ACTUAL FY 2012 III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS SECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 \$62,839,81 3 PLUS(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE 5 \$63,318,42 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 ST52,679,64 2 PLUS(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 ST52,679,64 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 ST52,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 C. RECONCILIATION OF OHCA DEFINED GROSS REVENUE 5 ST52,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 SA,757,35 3 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 SA,757,35		TWELVE MONTHS ACTUAL FILING	
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (1) (2) (3) ACTUAL FY 2012 III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS SECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 \$62,839,81 3 PLUS(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE 5 \$63,318,42 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 ST52,679,64 2 PLUS(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 ST52,679,64 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 ST52,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 C. RECONCILIATION OF OHCA DEFINED GROSS REVENUE 5 ST52,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 SA,757,35 3 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 SA,757,35		FISCAL YEAR 2012	
(1) (2) (3) ACTUAL LINE DESCRIPTION (2) (3) III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS \$62,839,81 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) \$52,839,81 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE \$52,478,60 CALCULATED NET REVENUE \$55,318,42 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$65,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE \$152,679,64 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$152,679,64 3 OHCA DEFINED GROSS REVENUE \$152,679,64 3 GROSS REVENUE \$152,679,64 4 ONCA DEFINED GROSS REVENUE \$152,679,64 4 ONCA DEFINED GROSS REVENUE \$152,679,64 5 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$152,679,64 5 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$152,679,64 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$2,757,35 5 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 5 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 5 UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35		110011=1=1111=1	
(1) (2) (3) ACTUAL ENERGY DESCRIPTION III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 (52,839,81) 3 PLUS/IMINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 (55,318,42) 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 (56,318,41) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 RECONCILIATION OF OHCA DEFINED GROSS REVENUE DHOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/IMINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 3 (52,679,64) 3 GROSS REVENUE \$152,679,64 4 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 (CALCULATED GROSS REVENUE \$152,679,64) 6 (CALCULATED GROSS REVENUE \$152,679,64) 6 (CALCULATED GROSS REVENUE \$152,679,64) 7 (VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 7 (CALCULATED GROSS REVENUE \$152,679,64) 8 (CALCULATED GROSS REVENUE \$152,679,64) 9 (CALCULATED UNCOMPENSATED CARE (GHARITY CARE AND BAD DEBTS) 1 OHCA DEFINED UNCOMPENSATED CARE (GHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (GHARITY CARE AND BAD DEBTS) 3 (SA,757,35) 8 (CALCULATED UNCOMPENSATED CARE (GHARITY CARE AND BAD DEBTS) 3 (SA,757,35) 8 (CALCULATED UNCOMPENSATED CARE (GHARITY CARE AND BAD DEBTS) 3 (SA,757,35) 9 (UNCOMPENSATED CARE (GHARITY CARE AND BAD DEBTS) 9 (SA,757,35) 9 (SA,757,35) 9 (UNCOMPENSATED CARE (GHARITY CARE AND BAD DEBTS) 9 (SA,757,35) 9 (
DESCRIPTION ACTUAL FY 2012 III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 OHCA DEFINED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 SS, 318, 41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 5 ST2,679,64 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 ST2,679,64 VARIANCE (MUST BE ADJUSTMENTS TO OHCA DEFINED DIVENTED FIN. STATEMENTS (FROM ANNUAL REPORTING) 1 OHCA DEFINED UNCOMP		BASELINE UNDERFATMENT DATA. AGREED-OF ON PROCEDURES	
LINE DESCRIPTION FY 2012 III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 5 \$62,839,81 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 5 \$2,478,60 CALCULATED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,42 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 5 \$152,679,64 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 5 CALCULATED GROSS REVENUE 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 6 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 7 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 7 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 7 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 7 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 7 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 \$152,679,64 VARIANCE (MUST	(1)	(2)	(3)
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE \$2,478,60 CALCULATED NET REVENUE 5 \$65,318,42 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE 5 \$152,679,64 5 OHCA DEFINED GROSS REVENUE 7 OHCA DEFINED GROSS REVENUE 8 \$152,679,64 7 OHCA DEFINED GROSS REVENUE 8 \$152,679,64 8 OHCA DEFINED GROSS REVENUE 5 STAN OR EQUAL TO \$500) 8 STATEMENTS STATEMENTS 1 OHCA DEFINED GROSS REVENUE 5 STAN OR EQUAL TO \$500) 9 STANDAM STATEMENTS TO OHCA DEFINED GROSS REVENUE 5 STATEMENTS 1 OHCA DEFINED GROSS REVENUE 5 STAN OR EQUAL TO \$500) 1 STATEMENTS STATEMENTS TO OHCA DEFINED GROSS REVENUE 5 STATEMENTS 1 OHCA DEFINED GROSS REVENUE 5 STAN OR EQUAL TO \$500) 1 STATEMENTS STATEMENTS TO OHCA DEFINED GROSS REVENUE 5 STATEMENTS 1 OHCA DEFINED GROSS REVENUE 5 STAN OR EQUAL TO \$500) 2 STATEMENTS STATEMENTS TO OHCA DEFINED UNCOMPENSATED CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBT			ACTUAL
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 \$62,839,81 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 3 ST52,679,64 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ STECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 4 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 SA,757,35	LINE	DESCRIPTION	FY 2012
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 \$62,839,81 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$65,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 8 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 3 ST52,679,64 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ STECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 5 \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 4 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 5 \$3,757,35 5 SA,757,35	TIT	NET DEVENUE GROSS REVENUE AND LINCOMPENSATED CARE DECONCILIATIONS	
1 TOTAL ACCRUED PAYMENTS 2 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 3 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) 4 S62,839,81 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 5 CALCULATED NET REVENUE 5 \$65,318,42 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 6 CALCULATED GROSS REVENUE 7 STATEMENTS STATEMENTS STATEMENTS STATEMENTS STATEMENTS 7 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 7 STATEMENTS STATEMENTS STATEMENTS (FROM ANNUAL REPORTING) 7 STATEMENTS S	111.	NET REVERSE; GROSS REVERSE AND GROOMIT ENGATED GARE REGONGILIATIONS	
PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$152,679,64 OHCA DEFINED GROSS REVENUE \$152,679,64 DATA DEFINED GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$152,679,64 OHCA DEFINED GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$152,679,64 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35	Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 1 OHCA DEFINED REVENUE 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 SE2,478,600 6 CALCULATED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 SE3,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 5 CALCULATED GROSS REVENUE 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 ST52,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) 3 S3,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$ 33,757,35			
OHCA DEFINED NET REVENUE 3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 565,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 5 ST2,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 2 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35 2 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35 2 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35			\$62,839,818
3 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE CALCULATED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$65,318,42 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35	2		\$0 \$62,839,818
CALCULATED NET REVENUE 4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$65,318,42 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE \$152,679,64 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$152,679,64 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35			, , , , , , , , , , , , , , , , , , , ,
4 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$65,318,41 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE \$ 152,679,64 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$ 2 CALCULATED GROSS REVENUE \$ 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$ 152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ 4 C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$ 3,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$ 3,757,35	3		\$2,478,602
VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 4 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) 5 3,757,35		CALCULATED NET REVENUE	\$65,318,420
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) 4 S152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 5 C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 5 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) 5 3,757,35 5 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) 5 3,757,35	4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$65,318,418
1 OHCA DEFINED GROSS REVENUE 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE 3 GROSS REVENUE \$152,679,64 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35		VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2
2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE \$ 152,679,64 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$ 152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$ 3,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$ 33,757,35	В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35	1	OHCA DEFINED GROSS REVENUE	\$152 679 640
3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$152,679,64 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$ C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35			\$0
VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35		CALCULATED GROSS REVENUE	\$152,679,640
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS 1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35	3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$152,679,640
1 OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35		VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35	C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35		OUGA DEFINED UNGONDENGATED CADE (QUADITY CADE AND DAD DEPTA)	40.757.050
CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$3,757,35 3 UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$3,757,35			\$3,757,359 \$0
			\$3,757,359
VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$	3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,757,359
With the Line of the Lead High on Example 10 wood)		VARIANCE (MUST BE LESS THAN OR FOLIAL TO \$500)	\$0
		Transcription De Leon High On Extent to wood	40

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 **REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (1) (2) (3) (4) (5) (6)ACTUAL **ACTUAL AMOUNT** % LINE DESCRIPTION FY 2011 FY 2012 DIFFERENCE DIFFERENCE Hospital Charity Care (from HRS Report 500) A. Number of Applicants 485 322 (163)-34% 2 Number of Approved Applicants 213 -43% 376 (163)**Total Charges (A)** \$465,816 \$193,108 (\$272,708) -59% 3 4 **Average Charges** \$1,239 \$907 (\$332) -27% Ratio of Cost to Charges (RCC) 5 0.445438 0.408730 (0.036708)-8% **Total Cost** \$207,492 \$78,929 (\$128,563) -62% 6 **Average Cost** 7 \$552 \$371 (\$181) -33% \$282,865 \$65,413 (\$217,452)-77% 8 Charity Care - Inpatient Charges Charity Care - Outpatient Charges (Excludes ED Charges) 9 67,597 94,567 26,970 40% 10 Charity Care - Emergency Department Charges 115,354 33,128 -71% (82,226)11 **Total Charges (A)** \$465,816 \$193,108 (\$272,708) -59% Charity Care - Number of Patient Days -74% 12 136 35 (101)13 Charity Care - Number of Discharges 25 -52% 52 (27)14 Charity Care - Number of Outpatient ED Visits -25% 165 124 (41)15 Charity Care - Number of Outpatient Visits (Excludes ED Visits) (85)-42% 204 119 Hospital Bad Debts (from HRS Report 500) В. **Bad Debts - Inpatient Services** \$898,608 \$1,531,753 \$633,145 70% Bad Debts - Outpatient Services (Excludes ED Bad Debts) 876,555 2 1,412,824 536,269 61% 3 Bad Debts - Emergency Department 365.909 619.674 253.765 69% 4 Total Bad Debts (A) \$2,141,072 \$3,564,251 \$1,423,179 66% Hospital Uncompensated Care (from HRS Report 500) C. -59% 1 Charity Care (A) \$465,816 \$193,108 (\$272,708)2 Bad Debts (A) 66% 2,141,072 3,564,251 1,423,179 **Total Uncompensated Care (A)** 3 \$2,606,888 \$3,757,359 \$1,150,471 44% 4 **Uncompensated Care - Inpatient Services** 35% \$1,181,473 \$1,597,166 \$415,693 5 Uncompensated Care - Outpatient Services (Excludes ED Unc. Care) 1,507,391 60% 944,152 563,239 171,539 Uncompensated Care - Emergency Department 481,263 652,802 36% 6 **Total Uncompensated Care (A)** \$2,606,888 \$3,757,359 \$1,150,471 44% (A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

		JOHNSON MEMORIAL H	OSPITAL		
		TWELVE MONTHS ACTUA	L FILING		
		FISCAL YEAR 2			
		L NON-GOVERNMENT GROSS RE	·	ALLOWANCES,	
	Α'	CCRUED PAYMENTS AND DISCO	UNT PERCENTAGE		
(4)	(2)	(2)	(4)	/ E\	(e)
(1)	(2)	(3) FY 2011	(4) FY 2012	(5)	(6)
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	<u> </u>	- INGIN GG V ZINIMIZIVI	NOTO OT LITTER AND A CONTROL OF THE	<u> </u>	<u> </u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$58,453,607	\$58,588,470	\$134,863	09
2	Total Contractual Allowances	\$27,218,717	\$27,824,694	\$605,977	29
	Total Accrued Payments (A)	\$31,234,890	\$30,763,776	(\$471,114)	-2°
	Total Discount Percentage	46.56%	47.49%	0.93%	20

JOHNSON MEMORIAL HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (3) (4) (5) ACTUAL ACTUAL **ACTUAL** LINE **DESCRIPTION** FY 2010 FY 2011 FY 2012 **Gross and Net Revenue** A. Inpatient Gross Revenue \$67,574,808 \$63,263,065 \$65,614,784 1 2 Outpatient Gross Revenue \$83,805,059 \$85,519,480 \$87,064,856 3 Total Gross Patient Revenue \$151,379,867 \$148,782,545 \$152,679,640 Net Patient Revenue \$61,336,304 \$59,499,426 \$65,318,419 В. **Total Operating Expenses** \$65,981,058 1 Total Operating Expense \$67,684,735 \$61,577,163 C. **Utilization Statistics** Patient Days 17,737 15,790 16,189 3,437 3,268 3,251 2 Discharges 3 Average Length of Stay 5.2 4.8 5.0 37,135 37,670 Equivalent (Adjusted) Patient Days (EPD) 39,734 4 Equivalent (Adjusted) Discharges (ED) 7,700 7,686 7,565 0 **Case Mix Statistics** D. 1.21108 1.15392 1.16648 1 Case Mix Index 21,481 18,220 18,884 2 Case Mix Adjusted Patient Days (CMAPD) 3 Case Mix Adjusted Discharges (CMAD) 4,162 3,771 3,792 Case Mix Adjusted Equivalent Patient Days (CMAEPD) 48,121 42,851 43,942 8,869 8,824 Case Mix Adjusted Equivalent Discharges (CMAED) 9,325 5 E. **Gross Revenue Per Statistic** 1 Total Gross Revenue per Patient Day \$8,535 \$9,423 \$9,431 2 Total Gross Revenue per Discharge \$44,044 \$45,527 \$46,964 Total Gross Revenue per EPD \$3,810 \$4,053 \$4,007 3 \$20,183 4 Total Gross Revenue per ED \$19,661 \$19,358 Total Gross Revenue per CMAEPD \$3,146 \$3,472 \$3,475 Total Gross Revenue per CMAED \$16,234 \$16,776 \$17,302 6 7 Inpatient Gross Revenue per EPD \$1,701 \$1,704 \$1,742

\$8,777

\$8,231

\$8,674

Inpatient Gross Revenue per ED

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (4) (5) (3) ACTUAL ACTUAL **ACTUAL** LINE **DESCRIPTION** FY 2010 FY 2011 FY 2012 **Net Revenue Per Statistic** F. \$3,768 Net Patient Revenue per Patient Day \$3,458 \$4,035 2 Net Patient Revenue per Discharge \$17,846 \$18,207 \$20,092 3 Net Patient Revenue per EPD \$1,544 \$1,602 \$1,734 Net Patient Revenue per ED \$7,966 \$7,742 \$8,635 4 5 Net Patient Revenue per CMAEPD \$1,275 \$1,389 \$1,486 Net Patient Revenue per CMAED \$6,578 \$6,709 \$7,402 G. Operating Expense Per Statistic \$3,900 Total Operating Expense per Patient Day \$3,816 \$4,076 1 \$19,693 \$18,842 \$20,296 2 Total Operating Expense per Discharge \$1,703 3 Total Operating Expense per EPD \$1,658 \$1,752 Total Operating Expense per ED \$8,791 \$8,012 \$8,722 4 Total Operating Expense per CMAEPD \$1,407 \$1,437 \$1,502 5 Total Operating Expense per CMAED \$7,259 \$6,943 \$7,477 6 H. Nursing Salary and Fringe Benefits Expense Nursing Salary Expense \$10,037,829 \$9,407,572 \$9,394,293 1 2 Nursing Fringe Benefits Expense \$3,137,311 \$2,448,165 \$2,347,211 \$11,855,737 \$11,741,504 Total Nursing Salary and Fringe Benefits Expense \$13,175,140 I. Physician Salary and Fringe Expense \$0 \$0 1 Physician Salary Expense \$692,376 Physician Fringe Benefits Expense \$216,401 \$0 \$0 2 Total Physician Salary and Fringe Benefits Expense \$908,777 \$0 \$0 3 J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense Non-Nursing, Non-Physician Salary Expense \$15,934,731 \$16,801,243 \$17,775,085 1 2 Non-Nursing, Non-Physician Fringe Benefits Expense \$5,033,765 \$4,372,247 \$4,441,193 Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense \$20.968.496 \$21,173,490 \$22.216.278 K. **Total Salary and Fringe Benefits Expense** 1 Total Salary Expense \$26,664,936 \$26,208,815 \$27,169,378 Total Fringe Benefits Expense \$8,387,477 \$6,820,412 \$6,788,404 2

\$35,052,413

\$33,029,227

\$33,957,782

Total Salary and Fringe Benefits Expense

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2012** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (4) (3) ACTUAL ACTUAL **ACTUAL** LINE **DESCRIPTION** FY 2010 FY 2011 FY 2012 Total Full Time Equivalent Employees (FTEs) L. Total Nursing FTEs 125.4 119.6 118.7 1 2 Total Physician FTEs 5.9 0.0 0.0 3 Total Non-Nursing, Non-Physician FTEs 344.4 343.9 345.5 475.7 463.5 464.2 Total Full Time Equivalent Employees (FTEs) Μ. Nursing Salaries and Fringe Benefits Expense per FTE 1 Nursing Salary Expense per FTE \$80,046 \$78,659 \$79,143 Nursing Fringe Benefits Expense per FTE \$25,018 \$20,470 \$19,774 2 3 Total Nursing Salary and Fringe Benefits Expense per FTE \$105,065 \$99,128 \$98,917 N. Physician Salary and Fringe Expense per FTE Physician Salary Expense per FTE \$117,352 \$0 \$0 1 \$0 \$0 Physician Fringe Benefits Expense per FTE \$36,678 2 Total Physician Salary and Fringe Benefits Expense per FTE \$154,030 \$0 \$0 3 Ο. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE Non-Nursing, Non-Physician Salary Expense per FTE \$46,268 \$48,855 \$51,447 1 Non-Nursing, Non-Physician Fringe Benefits Expense per FTE \$12,714 \$12,854 \$14,616 Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE 3 \$60,884 \$61,569 \$64,302 P. Total Salary and Fringe Benefits Expense per FTE Total Salary Expense per FTE \$56,054 \$56,545 \$58,529 1 Total Fringe Benefits Expense per FTE \$17,632 \$14,715 \$14,624 2 Total Salary and Fringe Benefits Expense per FTE \$73,686 \$71,260 \$73,153 3 Total Salary and Fringe Ben. Expense per Statistic Total Salary and Fringe Benefits Expense per Patient Day \$1,976 \$2,092 \$2,098 \$10,107 \$10,445 2 Total Salary and Fringe Benefits Expense per Discharge \$10,199 3 Total Salary and Fringe Benefits Expense per EPD \$882 \$889 \$901 Total Salary and Fringe Benefits Expense per ED \$4,553 \$4,297 \$4,489 4

\$728

\$3,759

\$771

\$3,724

\$773

\$3,848

Total Salary and Fringe Benefits Expense per CMAEPD

Total Salary and Fringe Benefits Expense per CMAED

5